

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on  
FFY 2021**

**New Hampshire**



**PART B DUE February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

##### Executive Summary

To meet its responsibility under federal law, New Hampshire has developed a system of general supervision that monitors the implementation of the Individuals with Disabilities Education Act (IDEA) by school districts. This general supervision system is used to identify and correct noncompliance with IDEA, the New Hampshire Education Laws and the New Hampshire Standards for the Education of Children with Disabilities. This system is also designed to promote continuous improvement for the provision of a free appropriate public education (FAPE).

There are five components that comprise NH's general supervision system. It is important to note that although the components are presented separately here, they each connect, interact and articulate requirements to form a comprehensive system. The general supervision system for NH has the following components:

1. State Performance Plan (SPP)
2. Integrated Monitoring Activities
  - A) LEA Determinations
  - B) Indicator Monitoring and Technical Assistance
  - C) Compliance and Improvement Monitoring (CIM) Process including Selection Process
    - i. Policies, Procedures, and Effective Implementation
    - ii. Improvement, correction, incentives and sanctions
3. Fiscal and Data Management (processes and results)
4. Effective Dispute Resolution
5. Targeted Technical Assistance and Professional Development

The SPP is described in the Executive Summary. The remainder of the components are described in the General Supervision and Technical Assistance sections.

1. The State Performance Plan (SPP) provides a framework for system change for special education in New Hampshire. The data in the SPP provides the Bureau with a baseline to work from in our work with districts. It incorporates a variety of methods including the use of desk audits, on-site monitoring and data collection to determine performance and compliance. Through the analysis of the data in the SPP for each indicator, the Bureau provided Targeted Technical Assistance to districts. The districts reviewed their policies, procedures and implementation practices to determine if the district was effectively implementing the requirements of each of the indicators. This analysis and TA can result in improvement and correction of practices as well as incentives or sanctions as necessary. This is consistent with OSEP Memo 09-02 and as laid out in IDEA and New Hampshire laws.

The Bureau is structured to create three offices to focus our work and provide for more focused support and assistance to districts. We have the following offices: the Office of Training and Monitoring (OTM), the Office of Finance and Data Management (OFD) and the Office of Special Programs.

#### Additional information related to data collection and reporting

Several of our indicators have been impacted by COVID and this is noted within the section for each of those indicators. Education Consultants working with districts around each indicator worked with each district who may have had a portion of their data impacted by COVID. They provided technical assistance in reporting data. The State Director spoke about different data sets that may be impacted by COVID in the bi-weekly calls with district directors and other stakeholders. In the beginning of the COVID outbreak as we started to see the difficulties that would arise in data collection for indicators, we worked with districts to document any factors created by COVID that may have impacted their data. This helped when it came time to review and report each data set in determining the impact and providing technical assistance to districts.

#### Number of Districts in your State/Territory during reporting year

174

#### General Supervision System:

**The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.**

##### 2. Integrated Monitoring Activities:

NH integrates monitoring activities across several key components of the general supervision system through the LEA Determinations Process, CIM Process, grants management for federal funds review and indicator monitoring as part of the SPP.

##### A. LEA Determinations Process:

As part of the SPP process, the Bureau annually reports to the public on LEA performance compared to the State and established targets here: <https://ireport.ed.nh.gov/>. Per IDEA, 34 CFR §300.600, the Bureau makes determinations annually on the performance of each LEA regarding the implementation of IDEA: <https://www.ed.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-ed/district-determinations>

This past year OTM worked on a comprehensive LEA determinations process to more accurately reflect the needs of each LEA and to hold LEAs more accountable for their student data & accuracy. We met monthly with LEAs; reviewing indicators, targets, and rubric scoring. We included directors, SAC, PIC (Parent TA Center) in discussions as well. With this new process we also implemented additional Indicator Monitoring where LEAs in Needs Intervention or Needs Substantial Intervention were provided the support of an Ed Consultant at least monthly for reviewing their data, data entry, root cause analysis & plan for an area of concern.

##### B. Indicator Monitoring & Technical Assistance

The Bureau continues to monitor each Indicator for each LEA & provides TA as described in the SPP APR and as needed.

In reviewing data and working with LEAs through the current Indicator 13 cyclical process we determined we had made little progress and did not see

the statewide systemic changes expected. This process was thoroughly reviewed and changed to facilitate more systemic changes going forward by reviewing files from every school with Indicator 13 eligible students every year beginning in the 22-23 school year through desk audit.

### C. CIM Process-

The OTM followed a standard process to select LEAs to participate in the CIM process. This process was described in FY' 15 Memo #18 ([https://www.ed.nh.gov/sites/g/files/ehbemt326/files/inline-documents/2020-04/fy15\\_memo\\_18\\_appendix\\_2\\_district\\_selection\\_rubric.pdf](https://www.ed.nh.gov/sites/g/files/ehbemt326/files/inline-documents/2020-04/fy15_memo_18_appendix_2_district_selection_rubric.pdf))

District selection rubric:  
<https://www.ed.nh.gov/sites/g/files/ehbemt326/files/inline-documents/2020/determination-rubric.pdf>

The CIM process is a comprehensive review of student files, LEA personnel credentials, special ed forms, special ed programs and special ed procedures. Districts are offered TA to support LEA personnel in their understanding of the CIM process approximately 10 months prior to the onsite monitoring. Districts have access to TA before, during and after the monitoring process. Student files and special ed programs are monitored onsite and the review of credentials, forms and procedures are reviewed through desk audit. Findings and 1st and 2nd prong corrective actions are provided to LEAs in a report which is presented in a meeting with LEA administration which occurs about 45 days after the onsite date.

Once a LEA has addressed all corrective actions a closeout letter is sent to the district. An overview of the LEA selection process, CIM process, forms used for the CIM process, and LEA reports back to 2013 may be found here: <https://www.ed.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-ed/compliance-improvement-monitoring>

A NH Ed law, RSA 186-C:5, III, (d) provides an additional mechanism for monitoring school LEAs procedures and effective implementation of special ed. This NH law allows for on-site monitoring to further evaluate noncompliance, verify accuracy of data, assess the adequacy of the corrective action plans and their implementation, or other purposes as the Department may determine. Although the Bureau has not had to utilize this particular mechanism, considered to be "special on-site monitoring" on a regular basis, it has, on occasion, been useful in enforcement of corrective actions and ultimately closure of programs that were in severe violation of special ed regulations.

As we worked with LEAs in finalizing their CIM processes, we determined that we needed to reassess our monitoring process and expand some of the practices we were implementing through CIM and work with more LEAs on a regular basis. We had all LEAs submit their policies and procedures, and their forms for review and approval. They were then reviewed by the team and correction letters were issued and we provided support to LEAs in making corrections.

### 3. Fiscal and Data Management:

To ensure the accurate gathering and interpreting of data and oversight of finances, the Bureau has developed OFD. This office is responsible for the processing of NH's special ed reimbursement programs to LEAs for high-cost students and court ordered placed students. This office is also responsible for the IDEA/Preschool grant system for which federal grant monies are monitored and tracked. The OFD provides data support to the other offices within the Bureau in support of the SPP/APR for indicator reporting. They also provide support to LEAs on ensuring the proper use of federal funds allocated to them. The OFD coordinates with the EDFacts stewards and other Bureaus in the NHED to ensure fidelity of data and results.

The annual request for federal funds allows a local ed agency (LEA) to apply for IDEA Part B Section 611 & Preschool Section 619 funds in one application. The application is a web-based online process, which requires activities and assurances. Funds are distributed based on a reimbursement process after an extensive review by the Bureau to ensure activities are allowable costs under IDEA. This application process also assists LEAs with calculating and spending proportional share of funds on children with disabilities eligible for Equitable Services. Additionally, LEAs specify if they are using IDEA funds for C/CEIS. This allows the Bureau to monitor the appropriate use of C/CEIS dollars. As a "pass-through" entity for Federal funds, the NHED, Bureau of Federal Compliance completes annual fiscal compliance monitoring and single-audit reviews of its sub recipients in accordance with 2 CFR 200.331. <https://www.ed.nh.gov/who-we-are/division-educator-and-analytic-resources/bureau-of-federal-compliance>

### 4. Effective Dispute Resolution:

NH provides a number of dispute resolution processes in order to support resolution. In NH, Alternative Dispute Resolution (ADR) may take the form of a neutral conference as described in RSA 186-C:23-b and Ed 215.02, and mediation as described in RSA 186-C:24 and Ed 215.03.

Due Process Hearing Complaints allow further a parent, a child, or the school LEA to file a due process hearing complaint on any matter relating to a proposal or a refusal to initiate or change the identification, evaluation, or educational placement of a child, or the provision of a FAPE to the child. For more information on Special Ed Due Process Hearings and Alternative Dispute Resolutions, go to: <https://www.ed.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-ed/due-process-hearings>

The Special Ed State complaints process is another method afforded to parents or others to potentially resolve a concern with regard to a violation of special ed law. The NH Standards for the Ed of Children with Disabilities (March 2017) provides extensive clarification of this process to parents and the public.

For more information about the NH Special Ed Complaint process, go to: <https://www.ed.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-ed/complaints>

The Bureau also offers IEP Facilitation services to LEAs as a precursor to our more formal dispute resolution processes.

### Technical Assistance System:

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to LEAs.**

#### Technical Assistance (TA) and Professional Development

The Bureau provided a tiered approach to technical assistance (TA) to ensure the timely delivery of high quality, evidence based technical assistance and support to districts. The TA was closely paired with professional development (PD) to ensure that service providers had the skills to effectively provide services that improve results for students with disabilities.

#### Technical Assistance Activities

The Bureau has a three-tiered system of TA with varying activities within each level, to assist districts. TA is typically provided to local school district personnel, parents of children with disabilities, private school personnel and other interested parties. The three tiers of the system include: Universal; Targeted and Intensive supports.

Universal supports are provided to any interested party. These supports include state-wide trainings, instructional or technical assistance memos, large group Director Meetings, as well as general oversight and broad TA in targeted areas. Some of the topics include trainings on Written Prior Notice, Measurable Annual Goals, and Specially Designed Instruction. We also provide trainings on many of the SPP Indicators to ensure understanding of the data points and the expectations of the districts with regard to interpretation of the data. Additional trainings offered include but are not limited to fiscal trainings regarding use of IDEA funds as well as state funding for Court Ordered Placements and Special Education Aid. Our trainings on the NH Special

Education Information System (NHSEIS) also help us to explain the use of the system and ensure compliance in writing IEPs. We provide supports to new Special Education Coordinators and new Special Education Directors in the state. New Hampshire provides extensive supports around accessibility with trainings on Bookshare, American Printing House for the Blind, NH Accessible Educational Materials library, and Scholars in the area of Vision and Universal Design for Learning (UDL) to support educators in the field

Targeted supports were services developed based on needs common to multiple recipients and not extensively individualized. In this TA, a relationship was established between the TA recipient and one or more Bureau staff or the Bureau's designee. This category of TA could be one-time, labor-intensive events, such as on-site training to selected districts regarding the completion of the self-assessment data collection form prior to the compliance monitoring review. They could also be episodic, less labor-intensive events that extend over a period of time, such as facilitating a series of meetings with new Special Education Administrators or Special Education Coordinators or the Measurable Annual Goals trainings with a coaching component. Facilitating communities of practice can also be considered Targeted support. Targeted supports were also provided to districts with findings of noncompliance relative to indicators in the State Performance Plan and determinations of significant disproportionality. Bureau staff offered TA and PD to district administrators and practitioners, as appropriate. This could include a review of data, identification of root causes of noncompliance and support for district personnel with understanding the intricacies of the area being addressed. This TA might have been mandated as part of the correction of noncompliance. In the past year we have also added professional development on root cause analysis and support in implementing root cause analysis regarding a districts data.

The Intensive supports were often provided on-site and required a stable, ongoing relationship between the Bureau staff and the TA recipient. This category of TA is intended to have resulted in changes to policy, program, practice, or operations that supported increased recipient capacity and/or improved outcomes at one or more systems levels. The Bureau's monitoring team as well as other staff within the NHDOE provided intensive supports to districts that demonstrate readiness and a desire to engage in significant work. A non-exhaustive list of current intensive supports included the specified targeted TA based on data from the indicators, onsite monitoring, fiscal audits through the NHDOE Bureau of Federal Compliance, the complaints process and through due process hearings. Our CIM process would be included within this category of TA as there is an intensive, targeted process for supporting these districts as they complete the process.

Bureau staff and district leadership worked closely to identify root causes that impact the determination and to develop and implement a long-term plan to remedy areas of concern.

#### **Professional Development System:**

##### **The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.**

The NH Department of Education, Bureau of Special Education Support General Supervision System (described above) includes the description of the mechanisms the State has in place to ensure service providers have the skills to effectively provide services that improve results for students with disabilities. These supports include, but are not limited to, quarterly training opportunities, district specific training, UDL Academy, iSocial and other opportunities as described in Universal supports for technical assistance

#### **Broad Stakeholder Input**

The New Hampshire Department of Education, Bureau of Special Education Support engages a broad range of stakeholders who have interest and expertise in the various issues relative to improving outcomes for children with disabilities. Stakeholders are seen as allies for change and are intentionally engaged in on-going, meaningful ways.

The State Director of Special Education participates in the meetings of the NH State Advisory Panel (the NH State Advisory Committee on the Education of Students/Children with Disabilities or SAC), listening to the concerns of the Committee directly and providing updates at each meeting on special education. Members of SAC are invited to participate in stakeholder meetings that support the development of the SPP. The director also attends regional state director meetings, monthly meetings with our state association for special education directors (New Hampshire Association of Special Education Administrators NHASEA), as well as NHASEA's monthly board meetings, monthly calls with NHASEA, the NH Association of School Administrators (NHASA) and our state Parent Information Center (PIC). The director is also part of the Council for Thriving Children, focusing on early childhood learning, and the DHHS System of Care focusing on the mental health needs of youth. The director also holds bi-weekly calls open to stakeholders to share information from the Bureau and answer questions from stakeholders. The Bureau also has a seat on the NH Developmental Disability Council, the Autism Council, the Deaf Bill of Rights Advisory Council, the Preschool Development Grant, Non-public Advisory Council, and the New Hampshire Educator Effectiveness for Student Success collaboration group.

The Bureau has a strong partnership with the NH Parent Information Center (PIC). PIC is New Hampshire's Parent Technical Assistance Center, funded by OSEP. Representatives from PIC participate in stakeholder meetings. PIC and Bureau staff work closely together to promote key initiatives across the State; including RACE2K which focuses on maximizing results for preschool children with disabilities.

The Bureau seeks diverse representation from the field throughout the year to provide insights into what is working well and what can be improved. The Bureau has involved both practitioners and administrators from across the State in discussions about a variety of topics that expand beyond the SPP. We use large group, targeted and on-going stakeholder groups to gain feedback on our services, supports and guidance.

The NHSEIS stakeholder group focuses on recommendations for guidance documents and trainings as well as enhancements to the data system. A series of three meetings are held each year for both new and continuing special education coordinators. The bureau also provides mentorship opportunities for new special education administrators. The Bureau also helps coordinate and participates in the Secondary Transition Community of Practice. These are a few of the ways in which the Bureau and stakeholders work together to improve outcomes for children with disabilities.

#### **Broad Stakeholder Input:**

##### **The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 17, the State's Systemic Improvement Plan (SSIP).**

The Bureau announced to the public on June 3, 2021, that it would be hosting a series of meetings to seek stakeholder input to set new targets for the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR). Stakeholders would work with the Bureau to establish new targets for Indicators 1-16 of the 17 indicators listed in IDEA Part B. Stakeholders would also assist NH in evaluating the state's efforts to implement the requirements and purposes of the IDEA and describe how the state would improve its implementation. The announcement went out to district leadership, to the Parent Information Center (PIC), and through PIC, to parents, to many state advisory groups and associations, and allowed for participants to register for the meetings so that an accurate account of participation would be afforded.

Although a new target for indicator 17 would not be established in these meetings as the current target was still enabled until next reporting year, a meeting was held to discuss the current State Systemic Improvement Plan (SSIP). Through these discussions and other Bureau discussions, it has been decided to change the SSIP and the SiMR beginning next reporting year. Therefore, new baselines will be set next year.

The Bureau held fourteen (14) stakeholder meeting opportunities, at various times during the day, including evenings, beginning in June of 2021. Representatives from the Parent Information Center, NH school districts, the New Hampshire Association of Special Education Administrators, the New

Hampshire School Board Association and the New Hampshire Associate of School Administrators as well as the State Advisory Council and parents of students with disabilities were presented with indicator information and data. Members of these stakeholder groups provided feedback via meetings, emails and group calls and the Bureau used this input as the basis for the targets set and the choice of FFY 20 as the baseline year.

Of the 155 participants in these meetings, about half were parents representing themselves, parent information center representatives or advocates for parents such as agencies like the Disability Rights Center and the State Advisory Committee. School district representatives and other representatives from the NH legislature represented the balance of the participants. In addition to these meetings, the Bureau met with the State Advisory Committee (SAC), there were 18 attendees. The Bureau also met with the NH Association of Special Education Administrators (NHASEA), and presented to 16 members of this group.

The agenda at each of the SPP stakeholder meetings included such topics as review of the indicator details and expectations, the measurement of each indicator, review of previous year's performance and compliance outcomes, various data sources and collection procedures, and a discussion regarding proposed new targets. The stakeholders asked questions about the measurement of the indicators, specifically for indicator 3 as this indicator has recently changed and measures more than it has in the past. The discussions also centered around whether we could change the indicators to proficiency improvement (Indicator 3) rather than setting a target, if the parent survey (Indicator 8) could be a rolling survey as they feel they would get more parents to participate. Some stakeholders didn't realize the targets were, in many cases, dictated by OSEP and they were also surprised with some of the procedures regarding the setting and moving targets.

When reviewing the data and stakeholder input the Bureau made a few selected determinations for the following indicators: Indicator 4a regarding suspension and expulsion, the NHDOE reordered the calculation process to increase transparency per the suggestion of the IDEA Data Center (IDC). This suggestion was made to better align the representation of data with OSEP's preferences as they are expressed in the SPP/APR EMAPS application. This process changed the order of review of the data, but not the calculation or the methodology. As a result the NHDOE has reset baseline year to FFY 2019.

Indicator 15, resolution sessions, historically the number of resolutions sessions has been less than 10. Therefore, the previous target set in 2010 remains for indicator 15. New Hampshire is not required to set established baseline or targets as the number of resolutions sessions are less than 10. When the number of resolutions sessions reaches 10 or greater New Hampshire will develop baseline and targets report on them in the corresponding SPP/APR.

The Bureau will be reaching out through multiple means to begin convening broad and representative stakeholder groups this winter (2023) to discuss the state's indicator trend data for FFY20 and FFY21 to get input on if any revisions to targets are needed.

#### **Apply stakeholder involvement from introduction to all Part B results indicators (y/n)**

NO

#### **Number of Parent Members:**

44

#### **Parent Members Engagement:**

#### **Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The Bureau held fourteen (14) stakeholder meeting opportunities, at various times during the day, including evenings, beginning in June of 2021. Representatives from the Parent Information Center, NH school districts, the New Hampshire Association of Special Education Administrators, the New Hampshire School Board Association and the New Hampshire Associate of School Administrators as well as the State Advisory Council and parents of students with disabilities were presented with indicator information and data. Members of these stakeholder groups, which included parents, provided feedback and the Bureau used this input as the basis for the targets set and the choice of FFY 20 as the baseline year.

Of the 155 participants in these meetings, about half were parents representing themselves, parent information center representatives or advocates for parents such as agencies like the Disability Rights Center and the State Advisory Committee.

#### **Activities to Improve Outcomes for Children with Disabilities:**

#### **The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.**

The agenda at each of the SPP stakeholder meetings included such topics as review of the indicator details and expectations, the measurement of each indicator, review of previous year's performance and compliance outcomes, various data sources and collection procedures, and a discussion regarding proposed new targets. The stakeholders asked questions about the measurement of the indicators, specifically for indicator 3 as this indicator has recently changed and measures more than it has in the past. The discussions also centered around whether we could change the indicators to proficiency improvement (Indicator 3) rather than setting a target, if the parent survey (Indicator 8) could be a rolling survey as they feel they would get more parents to participate. Some stakeholders didn't realize the targets were, in many cases, dictated by OSEP and they were also surprised with some of the rigidity of setting and moving targets.

When presenting the information to parents, the State team was cognizant of the fact that the information was data heavy and that the parents may not understand the nuances of the indicators. Keeping this in mind, the presenters provided clarification of the information when needed, explained the data in parent friendly language and provided a context of the purpose of the indicator and its measures for better understanding.

#### **Soliciting Public Input:**

#### **The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The Bureau announced to the public in June of 2021 via parent groups, Parent Information Center email, email to stakeholders and the State Director's regular special education update call, that it would be hosting a series of meetings to seek stakeholder input to set new targets for the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR). The Bureau also reached out to NHASEA and SAC members for their input. Stakeholders would work with the Bureau to establish new targets for Indicators 1-16 of the 17 indicators listed in IDEA Part B. Stakeholders would also assist NH in evaluating the state's efforts to implement the requirements and purposes of the IDEA and describe how the state would improve its implementation. The announcement allowed for participants to register for the meetings so that an accurate account of participation would be afforded.

#### **Making Results Available to the Public:**

#### **The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

NH has previously reported to the public on APR indicators through web postings, meetings with stakeholders and professional organizations and through regional and statewide conferences. NH will continue utilizing these means to report annually to the public on NH's progress and/or slippage in meeting the measurable and rigorous indicator targets. After submission to OSEP, NH posted the FFY 2019 APR to the department website (see nh-b-spapr-2019-20.pdf) in order to report to the public on the performance of LEAs located in the State on the SPP/APR indicators as soon as practicable, but no later than 120 days following the State's submission of its APR, as required by 34 CFR §300.602(b)(1)(i)(A).

In addition to the public report, each LEA annually receives a Special Education Profile and IDEA Report, comprised of the LEAs performance on the targets of each indicator in the SPP/APR. Special Education Profiles are available to the public (with data based on small groups of students masked as appropriate) on the department's website: These reports are available on the NH Department of Education website at: <https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/iplatform>

### **Reporting to the Public**

**How and where the State reported to the public on the FFY 2020 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

NH has previously reported to the public on APR indicators through web postings, meetings with stakeholders and professional organizations and through regional and statewide conferences. NH will continue utilizing these means to report annually to the public on NH's progress and/or slippage in meeting the measurable and rigorous indicator targets. After submission to OSEP, NH posted the FFY 2020 APR to the department website (<https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-01-spp-part-b-ffy-2020-21-6-24-22-final-review.pdf>) in order to report to the public on the performance of LEAs located in the State on the SPP/APR indicators as soon as practicable, but no later than 120 days following the State's submission of its APR, as required by 34 CFR §300.602(b)(1)(i)(A).

In addition to the public report, each LEA annually receives a Special Education Profile and IDEA Report, comprised of the LEAs performance on the targets of each indicator in the SPP/APR. Special Education Profiles are available to the public (with data based on small groups of students masked as appropriate) on the department's website: These reports are available on the NH Department of Education website at: <https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/iplatform>

### **Intro - Prior FFY Required Actions**

In the FFY 2021 SPP/APR, the State must report the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 17, the State's Systemic Improvement Plan (SSIP), including a description of the activities conducted to increase the capacity of diverse groups of parents.

### **Response to actions required in FFY 2020 SPP/APR**

The NHED has included, for FFY 2021, the mechanisms for soliciting broad stakeholder input on the state's targets, and the development of Indicator 17 (SSIP) including describing the activities conducted to increase the capacity of diverse groups of parents.

### **Intro - OSEP Response**

### **Intro - Required Actions**

# Indicator 1: Graduation

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

### Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in EDFacts file specification FS009.

### Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

### Instructions

*Sampling is not allowed.*

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target. Provide the actual numbers used in the calculation.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	82.92%

FFY	2016	2017	2018	2019	2020
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	72.73%	74.26%	73.78%	80.16%	82.92%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%

### Targets: Description of Stakeholder Input

Stakeholder input was also provided through the LEA Determinations process. Many districts not meeting the target for Indicator 1 reached out to the Bureau with concern and questioning why the target was not met. The Bureau reviewed data entry procedures during conversations which some of the districts thought could have been a factor due to personnel changes. Districts also shared that they felt Covid continued to be a factor negatively impacting Indicator 1, as many students had still not returned to school.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	1,234
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	150
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	39

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	150

**FFY 2021 SPP/APR Data**

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,234	1,573	82.92%	95.00%	78.45%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Districts shared that they felt Covid was a factor negatively impacting Indicator 1, as many students had still not returned to school and more students than usual dropped out. In reviewing the data the NHED found fewer students overall exited during the 20-21 school year than the 19-20 school year, and of those students that exited in 20-21 there was a 34% increase in the number of drop outs from 19-20.

**Graduation Conditions**

**Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.**

Explanation of Calculation:

Consistent with the OSEP instructions, the NHED has described the results of the examination of the data for the year before the reporting year (e.g. for the FFY 2021 APR, used data from 2020-2021), and compared the results to the target reported in the FFY 2021 State Performance Plan that aligns with the graduation rate target under Title I of the ESEA.

When reporting graduation rates for the SPP/APR, The Part B Indicator Measurement Table requires States to use the same data as used for reporting to the Department under section 618 of the Individual with Disabilities Education Act (IDEA), using the definitions in EDFacts file specification FS0009.

**Definition and Requirements for Graduation with a Regular Diploma**

RSA 186-C:9 Education Required states that an educationally disabled child "shall be entitled to attend an approved program which can implement the child's individualized education program. Such child shall be entitled to continue in an approved program until such time as the child has acquired a regular high school diploma or has attained the age of 21, whichever occurs first, or until the child's individualized education program team determines that the child no longer requires special education in accordance with the provisions of this chapter." New Hampshire does not recognize alternative diplomas, IEP diplomas, the GED, certificates of attendance or any other form but a regular high school diploma for the purposes of counting a child as fulfilling the diploma exiting requirement of RSA 186-C:9. To earn a regular high school diploma, a child must, as specified in the Minimum Standards for Public School Approval effective 7/1/05, Section Ed 306.27, earn "a minimum of 20 credits for a regular high school diploma, unless the local school board has set a requirement of more than 20 credits for a regular high school diploma, in which case the local credit requirement shall apply." In NH, a regular high school diploma is conferred by the local school board.

**Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)**

NO

**Provide additional information about this indicator (optional)**

**1 - Prior FFY Required Actions**

None

**1 - OSEP Response**

**1 - Required Actions**



## Indicator 2: Drop Out

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in EDFacts file specification FS009.

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

#### Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

#### Instructions

*Sampling is not allowed.*

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Use the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	7.08%

FFY	2016	2017	2018	2019	2020
Target <=	0.76%	0.76%	0.65%	0.65%	7.08%
Data	0.87%	1.05%	0.59%	1.54%	7.08%

### Targets

FFY	2021	2022	2023	2024	2025
Target <=	7.00%	6.80%	6.80%	6.60%	6.40%

### Targets: Description of Stakeholder Input

Stakeholder input was also provided through the LEA Determinations process. Many districts not meeting the target for Indicator 1 reached out to the Bureau with concern and questioning why the target was not met. The Bureau reviewed data entry procedures during conversations which some of the districts thought could have been a factor due to personnel changes. Districts also shared that they felt Covid continued to be a factor negatively impacting Indicator 1, as many students had still not returned to school.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	1,234
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	150
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	39

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	150

**FFY 2021 SPP/APR Data**

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
150	1,573	7.08%	7.00%	9.54%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Districts shared that they felt Covid was a factor negatively impacting Indicator 1, as many students had still not returned to school and more students than usual dropped out. In reviewing the data, the NHED found fewer students overall exited during the 20-21 school year than the 19-20 school year, and of those students that exited in 20-21 there was a 34% increase in the number of dropouts from 19-20.

**Provide a narrative that describes what counts as dropping out for all youth**

Consistent with the OSEP’s Part B Indicator Measurement Table, the NHED has described the results of the examination of the data for the year before the reporting year (e.g. for the FFY 2021 APR, use data from 2020-2021). The results are compared to the target set for FFY 2020 in the State Performance Plan. Dropout numbers and rates for all students, including students with IEPs, are reported by LEAs. These data are the same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EdFacts file specification FS009.

New Hampshire defines a student as having dropped out of public education based on a specific formula. This formula identifies students enrolled in public school in grades 9 - 12 who: have completed the prior school year but did not return after the summer or dropped out during the current school year and did not return by October 1st of the subsequent school year.

For example: a 2020-21 dropout is a public school student in grades 9 - 12 who completed the 2019-20 school year, did not return after the summer of 2020 or dropped out during the 2020-21 school year, and did not return by October 1, 2021.

**Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)**

NO

**If yes, explain the difference in what counts as dropping out for youth with IEPs.**

**Provide additional information about this indicator (optional)**

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3A: Participation for Children with IEPs

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

#### Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS185 and 188.

#### Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

#### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), *i.e.*, a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

### 3A - Indicator Data

#### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	77.44%
Reading	B	Grade 8	2020	66.97%
Reading	C	Grade HS	2020	56.98%
Math	A	Grade 4	2020	78.29%
Math	B	Grade 8	2020	67.04%
Math	C	Grade HS	2020	56.98%

#### Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%	95.00%

**Targets: Description of Stakeholder Input**

In April 2022 a new LEA Determinations process was implemented. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their reading and/or math instruction in order to improve assessment scores.

**FFY 2021 Data Disaggregation from EDFacts**

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

**Date:**

04/05/2023

**Reading Assessment Participation Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	2,545	2,453	1,968
b. Children with IEPs in regular assessment with no accommodations	1,149	1,415	673
c. Children with IEPs in regular assessment with accommodations	998	511	571
d. Children with IEPs in alternate assessment against alternate standards	107	93	63

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

04/05/2023

**Math Assessment Participation Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	2,545	2,454	1,968
b. Children with IEPs in regular assessment with no accommodations	1,081	1,337	673
c. Children with IEPs in regular assessment with accommodations	1,086	599	571
d. Children with IEPs in alternate assessment against alternate standards	106	92	63

\*The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row a for all the prefilled data in this indicator.

**FFY 2021 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	2,254	2,545	77.44%	95.00%	88.57%	Did not meet target	No Slippage
B	Grade 8	2,019	2,453	66.97%	95.00%	82.31%	Did not meet target	No Slippage
C	Grade HS	1,307	1,968	56.98%	95.00%	66.41%	Did not meet target	No Slippage

**FFY 2021 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	2,273	2,545	78.29%	95.00%	89.31%	Did not meet target	No Slippage
B	Grade 8	2,028	2,454	67.04%	95.00%	82.64%	Did not meet target	No Slippage
C	Grade HS	1,307	1,968	56.98%	95.00%	66.41%	Did not meet target	No Slippage

### Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

### Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

Here is the link to where the public can access the assessment results:

<https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/bureau-of-education-statistics/assessment-data>  
and

<https://dashboard.nh.gov/t/DOE/views/iReport/FrontPage?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Atabs=no&%3Atoolbar=no> (select "district" and year, then click "view report", click IDEA in top right corner, the deselect indicator 1 and select indicator 3)

Students with Disabilities Participating in Assessments with and without Accommodations

<https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education-data>

### Provide additional information about this indicator (optional)

New Hampshire state law permits a parent/legal guardian to exempt their student from participating in any of the required statewide assessments; however, there is no requirement for school districts to provide data related to this exemption to the SEA or to report the data publicly. On March 25, 2022, a letter was sent from Commissioner Edelblut to all district leaders urging schools to ensure that at least 95% of students participate in the 2022 assessment. Although NH did not meet the target of 95%, there was an increase in participation in grades 4, 8, and 11.

## 3A - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2022 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2020, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2021 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2021.

### Response to actions required in FFY 2020 SPP/APR

OSEP's response required New Hampshire to provide a Web-link that demonstrates it has reported to the public on the statewide assessments of children with disabilities in accordance with 34 CFR §300.160(f), within 90 days.

On September 30th OSEP reviewed the following link(s):

- o <https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education-data>

- o 2020-2021 Assessment Participants with Disabilities with or without Accommodations

Based upon OSEP's review, they had determined that the State corrected the noncompliance with the requirements of 34 CFR §300.160(f) identified in OSEP's response, and that no further action is required.

## 3A - OSEP Response

## 3A - Required Actions

## Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

#### Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

#### Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

#### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

### 3B - Indicator Data

#### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	14.68%
Reading	B	Grade 8	2020	10.04%
Reading	C	Grade HS	2020	20.46%
Math	A	Grade 4	2020	15.76%
Math	B	Grade 8	2020	6.20%
Math	C	Grade HS	2020	7.47%

#### Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	14.68%	16.68%	18.68%	20.68%	22.68%
Reading	B >=	Grade 8	10.04%	12.04%	14.04%	16.04%	18.04%
Reading	C >=	Grade HS	20.46%	22.46%	24.46%	26.46%	28.46%
Math	A >=	Grade 4	15.76%	17.76%	19.76%	21.76%	23.76%
Math	B >=	Grade 8	6.20%	8.20%	10.20%	12.20%	14.20%
Math	C >=	Grade HS	7.47%	9.47%	11.47%	13.47%	15.47%

#### Targets: Description of Stakeholder Input

In April 2022 a new LEA Determinations process was implemented. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their reading and/or math instruction in order to improve assessment scores.

#### FFY 2021 Data Disaggregation from EDFacts

##### Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

##### Date:

04/05/2023

**Reading Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	2,147	1,926	1,244
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	159	199	145
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	105	31	146

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/05/2023

**Math Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	2,167	1,936	1,244
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	194	124	40
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	150	23	57

**FFY 2021 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	264	2,147	14.68%	14.68%	12.30%	Did not meet target	Slippage
B	Grade 8	230	1,926	10.04%	10.04%	11.94%	Met target	No Slippage
C	Grade HS	291	1,244	20.46%	20.46%	23.39%	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

Slippage for 3B Reading Grade 4: Districts have reported that fourth grade students are performing lower than expected in many areas. These students were Kindergarteners when Covid19 interrupted in person instruction. Because of this, these students have never had an uninterrupted school year and therefore reading scores have decreased. While about half of NH districts (47%) tested more students with disabilities in 21-22 than in 20-21, more than half (55%) had the same or lower proficiency scores in reading grade 4. Of those districts with the same or lower proficiency scores there was no clear trend (geographic, population, socio-economic status) linking those districts.

FFY 2021 SPP/APR Data: Math Assessment

<b>Group</b>	<b>Group Name</b>	<b>Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards</b>	<b>Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
<b>A</b>	Grade 4	344	2,167	15.76%	15.76%	15.87%	Met target	No Slippage
<b>B</b>	Grade 8	147	1,936	6.20%	6.20%	7.59%	Met target	No Slippage
<b>C</b>	Grade HS	97	1,244	7.47%	7.47%	7.80%	Met target	No Slippage



### **Regulatory Information**

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

### **Public Reporting Information**

**Provide links to the page(s) where you provide public reports of assessment results.**

Here is the link to where the public can access the assessment results:

<https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/bureau-of-education-statistics/assessment-data>  
and

<https://dashboard.nh.gov/t/DOE/views/iReport/FrontPage?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Atabs=no&%3Atoolbar=no> (select "district" and year, then click "view report", click IDEA in top right corner, the deselect indicator 1 and select indicator 3)

Students with Disabilities Participating in Assessments with and without Accommodations

<https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education-data>

**Provide additional information about this indicator (optional)**

We are addressing the slippage in grade 4 reading as a state through additional literacy professional development opportunities and will be focusing on grade four reading instruction for the State Systemic Improvement Plane (SSIP).

### **3B - Prior FFY Required Actions**

None

### **3B - OSEP Response**

### **3B - Required Actions**

## Indicator 3C: Proficiency for Children with IEPs (Alternate Academic Achievement Standards)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

#### Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

#### Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

#### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

### 3C - Indicator Data

#### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	28.71%
Reading	B	Grade 8	2020	40.79%
Reading	C	Grade HS	2020	31.08%
Math	A	Grade 4	2020	49.00%
Math	B	Grade 8	2020	15.79%
Math	C	Grade HS	2020	29.73%

#### Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	35.53%	37.53%	39.53%	41.53%	43.53%
Reading	B >=	Grade 8	41.79%	42.79%	43.00%	43.25%	43.79%
Reading	C >=	Grade HS	35.53%	37.53%	39.53%	41.53%	43.53%
Math	A >=	Grade 4	51.00%	53.00%	55.00%	57.00%	59.00%
Math	B >=	Grade 8	17.80%	19.80%	21.80%	23.80%	25.80%
Math	C >=	Grade HS	31.70%	33.70%	35.70%	37.70%	39.70%

**Targets: Description of Stakeholder Input**

In April 2022 a new LEA Determinations process was implemented. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their reading and/or math instruction in order to improve assessment scores.

**FFY 2021 Data Disaggregation from EDFacts**

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

04/05/2023

**Reading Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	107	93	63
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	19	30	25

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/05/2023

**Math Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	106	92	63
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	43	14	21

**FFY 2021 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	19	107	28.71%	35.53%	17.76%	Did not meet target	Slippage
B	Grade 8	30	93	40.79%	41.79%	32.26%	Did not meet target	Slippage
C	Grade HS	25	63	31.08%	35.53%	39.68%	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

SLIPPAGE: After reviewing data and considering the impact of the Covid 19 Pandemic, we determined students have not had an uninterrupted school year in 3 years and that the percentage of students who took the alt assessment is lower than the previous year. Either or both of these factors may have impacted this data. This had resulted in learning loss due to remote instruction as well as interruptions in consistent teaching, due to student and staff sickness. As a state, we have implemented many professional development opportunities for staff as well as free tutoring opportunities for all students.

**Provide reasons for slippage for Group B, if applicable**

SLIPPAGE: After reviewing data and considering the impact of the Covid 19 Pandemic, we determined students have not had an uninterrupted school year in 3 years and that the percentage of students who took the alt assessment is lower than the previous year. Either or both of these factors may have impacted this data. This had resulted in learning loss due to remote instruction as well as interruptions in consistent teaching, due to student and

staff sickness. As a state, we have implemented many professional development opportunities for staff as well as free tutoring opportunities for all students.

**FFY 2021 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	43	106	49.00%	51.00%	40.57%	Did not meet target	Slippage
B	Grade 8	14	92	15.79%	17.80%	15.22%	Did not meet target	No Slippage
C	Grade HS	21	63	29.73%	31.70%	33.33%	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

SLIPPAGE: After reviewing data and considering the impact of the Covid 19 Pandemic, we determined students have not had an uninterrupted school year in 3 years and that the percentage of students who took the alt assessment is lower than the previous year. Either or both of these factors may have impacted this data. This had resulted in learning loss due to remote instruction as well as interruptions in consistent teaching, due to student and staff sickness. As a state, we have implemented many professional development opportunities for staff as well as free tutoring opportunities for all students.

**Regulatory Information**

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

**Public Reporting Information**

**Provide links to the page(s) where you provide public reports of assessment results.**

Here is the link to where the public can access the assessment results:

<https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/bureau-of-education-statistics/assessment-data>  
and

<https://dashboard.nh.gov/t/DOE/views/iReport/FrontPage?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Atabs=no&%3Atoolbar=no> (select "district" and year, then click "view report", click IDEA in top right corner, the deselect indicator 1 and select indicator 3)

Students with Disabilities Participating in Assessments with and without Accommodations

<https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education-data>

**Provide additional information about this indicator (optional)**

**3C - Prior FFY Required Actions**

None

**3C - OSEP Response**

**3C - Required Actions**

## Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

### Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

### Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), *i.e.*, a link to the Web site where these data are reported.

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2021-2022 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2021-2022 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3D - Indicator Data

### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	34.19
Reading	B	Grade 8	2020	39.13
Reading	C	Grade HS	2020	43.13
Math	A	Grade 4	2020	25.64
Math	B	Grade 8	2020	26.69
Math	C	Grade HS	2020	34.95

### Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A <=	Grade 4	36.00	33.00	30.00	27.00	24.00
Reading	B <=	Grade 8	36.00	33.00	30.00	27.00	24.00
Reading	C <=	Grade HS	40.00	37.00	34.00	31.00	27.00
Math	A <=	Grade 4	32.00	29.00	26.00	23.00	20.00
Math	B <=	Grade 8	32.00	29.00	26.00	23.00	20.00
Math	C <=	Grade HS	32.50	29.00	26.00	23.00	20.00

### Targets: Description of Stakeholder Input

In April 2022 a new LEA Determinations process was implemented. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their reading and/or math instruction in order to improve assessment scores.

### FFY 2021 Data Disaggregation from EDFacts

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

04/05/2023

**Reading Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	11,581	12,033	10,642
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	2,147	1,926	1,244
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	5,416	5,491	6,158
d. All students in regular assessment with accommodations scored at or above proficient against grade level	127	43	393
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	159	199	145
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	105	31	146

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/05/2023

**Math Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	11,654	12,072	10,656
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	2,167	1,936	1,244
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	5,425	3,994	3,688
d. All students in regular assessment with accommodations scored at or above proficient against grade level	177	29	214
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	194	124	40
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	150	23	57

**FFY 2021 SPP/APR Data: Reading Assessment**

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	12.30%	47.86%	34.19	36.00	35.57	Met target	No Slippage

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B	Grade 8	11.94%	45.99%	39.13	36.00	34.05	Met target	No Slippage
C	Grade HS	23.39%	61.56%	43.13	40.00	38.17	Met target	No Slippage

**FFY 2021 SPP/APR Data: Math Assessment**

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	15.87%	48.07%	25.64	32.00	32.19	Did not meet target	Slippage
B	Grade 8	7.59%	33.33%	26.69	32.00	25.73	Met target	No Slippage
C	Grade HS	7.80%	36.62%	34.95	32.50	28.82	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

After reviewing data and considering the impact of the Covid 19 Pandemic, we determined students have not had an uninterrupted school year in 3 years. This had resulted in learning loss due to remote instruction as well as interruptions in consistent teaching, due to student and staff sickness. As a state, we have implemented professional development opportunities for staff as well as free tutoring opportunities for all students.

**Provide additional information about this indicator (optional)**

**3D - Prior FFY Required Actions**

None

**3D - OSEP Response**

**3D - Required Actions**

## Indicator 4A: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results Indicator:** Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

#### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

#### Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

#### Instructions

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon districts that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with (OSEP) Memorandum 09-02, dated October 17, 2008.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 4A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2019	18.18%

FFY	2016	2017	2018	2019	2020
Target <=	1.15%	1.15%	1.15%	1.15%	18.18%
Data	0.57%	0.00%	1.16%	18.18%	10.00%



**Targets**

FFY	2021	2022	2023	2024	2025
Target <=	17.18%	15.18%	13.18%	11.18%	9.18%

**Targets: Description of Stakeholder Input**

**FFY 2021 SPP/APR Data**

**Has the state established a minimum n/cell-size requirement? (yes/no)**

YES

**If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. Report the number of LEAs excluded from the calculation as a result of the requirement.**

173

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	2	10.00%	17.18%	0.00%	Met target	No Slippage

**Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))**

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

**State's definition of "significant discrepancy" and methodology**

The NHED defines a "significant discrepancy" as any district with a rate of suspensions and expulsions greater than 10 days in a school year for children with IEPs that is greater than 3% of students with IEPs enrolled in the district.

The State applied a minimum cell and "n" size and for any districts that met the minimum cell and "n" size, a threshold of greater than 3% students with IEPs suspended or expelled for greater than 10 days in a school year. Districts that exceeded the threshold and did not meet the following minimum cell and "n" size requirements were removed from the count:

"N": A minimum of 11 children with IEPs in the district, consistent with NHED cell size suppression threshold.

Cell: At least 4 students with IEPs suspended or expelled for greater than 10 days.

Identification of Comparison Methodology

Discrepancies were computed by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State. The results of the NHED examination of the data are for the year before the reporting year (e.g. for the FFY 2021 APR, data are from 2020-2021), including data disaggregated to determine if significant discrepancies occurred in the rates of long-term suspensions and expulsions of children with IEPs. If the NHED determined that there were significant discrepancies in the suspension and expulsion rates, the NHED reviewed the districts policies and procedures

If upon review the districts policies and procedures were found to contribute to the significant discrepancies, the district's policies, practices, and procedures relating to the development and implementation of IEPs, the use of behavioral interventions, and procedural safeguards to ensure that the policies, procedures and practices complied with Part B.

Report on the number of districts that did not meet the State-established minimum "n" size requirement in the FFY 2021 APR (using the 2020-2021 data).

Step 1: Of the 175 districts, the NHED determined that there were 2 districts that had four or more students with IEPs suspended or expelled for more than 10 days in the school year and at least 11 identified students. Therefore 173 districts did not meet the minimum cell and "n" size and were excluded from the calculation.

Step 2: Of 2 districts identified in Step 1, zero (0) districts exceeded the state established 3% threshold

**Provide additional information about this indicator (optional)**

The NHED believes that the reduced in-person attendance (due to COVID-19) has affected the FFY21 data with respect to removals. The decrease of total disciplinary removals dropped 36% from 2019-2020 to 2020-2021 (3,299 to 1,210).

Based on the large number of districts excluded from analysis each year and concerns with the methodology New Hampshire has met with stakeholders for input on the comparison method, threshold, and cell and N size requirements. Based on these meetings New Hampshire has changed our calculation methodology including comparison method, threshold, and cell/N size requirements. New Hampshire was unable to implement this change for this data (FFY'21) but has implemented the change for FFY'22. New Hampshire is continuing to meet with stakeholders regarding changes to baseline data and targets based on the change.

**Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 data)**

**Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.**

In FFY 2021, using 2020-2021 data, there were zero districts identified with significant discrepancy for this indicator. If there were the NHED would have reviewed the district's policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA.

The NHED review would have included the completion of a self-assessment by the identified districts. The district's self-assessment would have specifically covered a review of policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The NHED would have verified the results of the district's self-assessment. As a result of no districts being beyond the threshold based on this process, it was determined that there were no individual instances of noncompliance with

the implementation for regulations of IDEA relative to this indicator.

Had there been findings of noncompliance for the districts identified with significant discrepancy for this indicator, the NHED would have verified, as soon as possible, but in no case greater than one year of the noncompliance being identified that, in the districts with identified noncompliance, the districts were: 1) correctly implementing the specific regulatory requirement(s) (i.e. achieved 100% compliance) based on a review of updated data such as data subsequently collected through a State data system; and 2) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

In the FFY 2020 APR, using the 2019-2020 data, there was 1 district identified with significant discrepancy for this indicator. The NHED has verified that each LEA with noncompliance identified in FFY 2020 for this indicator has corrected the identified noncompliance, consistent with OSEP Memo 09-02, as follows: The NHED verified that the district was correctly implementing 20 U.S.C. 1412(a)(22), (i.e. achieved 100% compliance) based on a review of data subsequently collected through an onsite and desk audit monitoring process. During the correction period, the NHED reviewed local policies and procedures using the State created rubric and assisted the LEA in creating and analyzing the root causes of the identified noncompliance. Based on this review, when appropriate, the NHED required the affected district to revise the district's policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures and practices comply with IDEA. The NHED provided onsite technical assistance to districts to support their adherence to relative laws and rules, including accurate data collection and entry in order to ensure districts were compliant relative to the discipline process.

**Describe how the State verified that each individual case of noncompliance was corrected**

In the FFY 2020 APR, using the 2019-2020 data, there was 1 district identified with significant discrepancy for this indicator. The NHED reviewed and, when appropriate, revised (or required the affected district to revise) the district's policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA.

The NHED review included the completion of a self- assessment by each identified district which was verified by the NHED. The district's self-assessment specifically covered a review of policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. This process included a review of files for students impacted by this indicator in order to determine if there were individual instances of noncompliance. Any individual instances were verified as corrected as soon as possible, but in no case greater than one year from identification. NHED reviewed that there were no violations to the student(s) FAPE through the file review. Root causes of problematic practices and noncompliance were identified in the review process. Targeted technical assistance was provided to assist with addressing and correcting the root causes.

As a result of the process described above, and within one year of the noncompliance being identified, the state verified that, in the identified districts, they are (1) correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02.

**Describe how the State verified that each individual case of noncompliance was corrected**

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**4A - Prior FFY Required Actions**

None

**4A - OSEP Response**

The State did not provide valid and reliable data for FFY 2021. The State reported, "The NHED defines a "significant discrepancy" as any district with a rate of suspensions and expulsions greater than 10 days in a school year for children with IEPs that is greater than 3% of students with IEPs enrolled in the district." OSEP is unable to determine whether the State's chosen methodology meets one of the two comparison methods as required in 34 C.F.R. § 300.170(a) and the Measurement Table. Specifically, it is unclear how the State's chosen threshold of a 3% suspension and expulsion rate bar relates to the State-level, State mean or some other measure of the distribution of suspension and expulsion rates among LEAs in the State. Therefore, OSEP could not determine whether the State met its target.

#### **4A - Required Actions**

In the FFY 2022 SPP/APR, the State must provide valid and reliable data for this indicator for FFY 2022 using a methodology that meets one of the two comparison methods as required by 34 C.F.R. § 300.170(a) and the Measurement Table.

## Indicator 4B: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Compliance Indicator:** Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

#### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

#### Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

#### Instructions

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2020-2021 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with (OSEP) Memorandum 09-02, dated October 17, 2008.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

## 4B - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

### Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

**FFY 2021 SPP/APR Data**

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. Report the number of LEAs excluded from the calculation as a result of the requirement.

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Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1	0	2	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

**State's definition of "significant discrepancy" and methodology**

The NHED defines a "significant discrepancy" as any district with a rate of suspensions and expulsions greater than 10 days in a school year for children with IEPs by racial/ethnic group that is greater than 3% of students with IEPs enrolled in the district by racial/ethnic group.

The State applied a minimum cell and "n" size and for any districts that met the minimum cell and "n" size in any racial/ethnic group, a threshold of greater than 3% students with IEPs suspended or expelled for greater than 10 days in a school year. Districts that exceeded the threshold and did not meet the following minimum cell and "n" size requirements were removed from the count:

"N": A minimum of 11 children with IEPs in the district,

Cell: At least 4 students with IEPs suspended or expelled for greater than 10 days.

For Indicator 4B, these minimum cell sizes are applied to the population of students with IEPs in each race and ethnicity category.

Identification of Comparison Methodology

Discrepancies were computed by comparing the rates of suspensions and expulsions for children with IEPs among LEAs (districts) within the State. The results of the NHED examination of the data are for the year before the reporting year (e.g. for the FFY 2021 APR, data are from 2020-2021), including data disaggregated to determine if significant discrepancies by race or ethnicity occurred in the rates of long-term suspensions and expulsions of children with IEPs. If the NHED determined that there were significant discrepancies by race or ethnicity in the suspension and expulsion rates, the NHED reviewed, and if appropriate, required the district to revise the district's policies, practices, and procedures relating to the development and implementation of IEPs, the use of behavioral interventions, and procedural safeguards to ensure that the policies, procedures and practices comply with Part B.

Minimum "n" size requirements

Step 1: Of the 175 districts, the NHED determined that there were 2 districts that met the State-established minimum cell and "n" size requirements in the FFY 2021 APR (using the 2020-2021 data).

Step 2: Of 2 districts identified in Step 1, no districts exceeded the state established 3% threshold.

**Provide additional information about this indicator (optional)**

The NHED believes that the reduced in-person attendance (due to COVID-19) has affected the FFY21 data with respect to removals. The decrease of total disciplinary removals dropped 36% from 2019-2020 to 2020-2021 (3,299 to 1,210).

Based on the large number of districts excluded from analysis each year and concerns with the methodology New Hampshire has met with stakeholders

for input on the comparison method, threshold, and cell and N size requirements. Based on these meetings New Hampshire has changed our calculation methodology including comparison method, threshold, and cell/N size requirements. New Hampshire was unable to implement this change for this data (FFY'21) but has implemented the change for FFY'22. New Hampshire is continuing to meet with stakeholders regarding changes to baseline data and targets based on the change.

**Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 data)**

**Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.**

There was one district that needed review of their policies, procedures, and practices. NHED staff reviewed the district's policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA.

Had there been findings of noncompliance for the districts identified with significant discrepancy for this indicator, NHED would have verified, as soon as possible, but in no case greater than one year of the noncompliance being identified that, in the districts with identified noncompliance, the districts were: 1) correctly implementing the specific regulatory requirement(s) (i.e. achieved 100% compliance) based on a review of updated data such as data subsequently collected through a State data system; and 2) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**4B - Prior FFY Required Actions**

None

**4B - OSEP Response**

The State reported, "The NHED defines a "significant discrepancy" as any district with a rate of suspensions and expulsions greater than 10 days in a school year for children with IEPs that is greater than 3% of students with IEPs enrolled in the district." Specifically, it is unclear how the State's chosen threshold of a 3% suspension and expulsion rate bar relates to the State-level, State mean or some other measure of the distribution of suspension and expulsion rates among LEAs in the State. Therefore, OSEP is unable to determine whether the State's chosen methodology meets one of the two comparison methods as required in 34 C.F.R. § 300.170(a) and the Measurement Table.

**4B- Required Actions**

In the FFY 2022 SPP/APR, the State must provide data for this indicator for FFY 2022 using a methodology that meets one of the two comparison methods as required by 34 C.F.R. § 300.170(a) and the Measurement Table.

## Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS002.

#### Measurement

- A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6. Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

## 5 - Indicator Data

### Historical Data

Part	Baseline	FFY	2016	2017	2018	2019	2020
A	2020	Target >=	72.85%	72.85%	74.00%	74.00%	74.00%
A	73.75%	Data	71.71%	70.81%	71.56%	72.19%	73.75%
B	2020	Target <=	7.97%	7.97%	7.00%	7.00%	7.00%
B	8.95%	Data	8.79%	9.05%	9.22%	9.08%	8.95%
C	2020	Target <=	2.61%	2.61%	2.05%	2.05%	2.05%
C	2.46%	Data	2.88%	2.84%	2.79%	2.66%	2.46%

### Targets

FFY	2021	2022	2023	2024	2025
Target A >=	74.00%	74.50%	75.00%	75.00%	75.00%
Target B <=	6.50%	6.50%	6.20%	6.18%	6.18%
Target C <=	2.05%	2.05%	2.05%	2.05%	2.05%

### Targets: Description of Stakeholder Input

In April 2022 a new LEA Determinations process was implemented. Stakeholder input was also provided through the LEA Determinations process. Many districts not meeting the target for Indicator 5 reached out to the Bureau with concern and questioning why the target was not met. The Bureau discussed how the indicator is measured and reviewed data entry procedures during conversations which some of the districts thought could have been a factor due to personnel changes.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	Total number of children with IEPs aged 5 (kindergarten) through 21	28,373

Source	Date	Description	Data
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	21,400
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	2,378
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	458
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	82
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	12

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

**FFY 2021 SPP/APR Data**

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	21,400	28,373	73.75%	74.00%	75.42%	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	2,378	28,373	8.95%	6.50%	8.38%	Did not meet target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	552	28,373	2.46%	2.05%	1.95%	Met target	No Slippage

Provide additional information about this indicator (optional)

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**



## Indicator 6: Preschool Environments

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.
- C. Receiving special education and related services in the home.

(20 U.S.C. 1416(a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS089.

#### Measurement

- A. Percent =  $[(\# \text{ of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program}) \div (\text{total } \# \text{ of children ages 3, 4, and 5 with IEPs})] \times 100$ .
- B. Percent =  $[(\# \text{ of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school or residential facility}) \div (\text{total } \# \text{ of children ages 3, 4, and 5 with IEPs})] \times 100$ .
- C. Percent =  $[(\# \text{ of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home}) \div (\text{total } \# \text{ of children ages 3, 4, and 5 with IEPs})] \times 100$ .

#### Instructions

*Sampling from the State's 618 data is not allowed.*

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (e.g., 75-85%). Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

## 6 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

### Historical Data – 6A, 6B

Part	FFY	2016	2017	2018	2019	2020
A	Target >=	53.00%	56.00%	60.00%	60.00%	60.00%
A	Data	58.70%	58.43%	59.99%	52.82%	41.51%
B	Target <=	16.00%	14.50%	12.00%	12.00%	12.00%
B	Data	13.11%	12.86%	11.75%	13.89%	12.48%

### Targets: Description of Stakeholder Input

In April 2022 a new LEA Determinations process was implemented. Stakeholder input was also provided through the LEA Determinations process. Districts not meeting the target for Indicator 6 reached out to the Bureau with concern and questioning why the target was not met. The Bureau discussed how the indicator is measured and reviewed data entry procedures during conversations which some of the districts thought could have been a factor due to personnel changes.

### Targets

**Please select if the State wants to set baseline and targets based on individual age ranges (i.e. separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.**

Inclusive Targets

**Please select if the State wants to use target ranges for 6C.**

Target Range not used

**Baselines for Inclusive Targets option (A, B, C)**

Part	Baseline Year	Baseline Data
A	2020	41.51%
B	2020	12.48%
C		

**Inclusive Targets – 6A, 6B**

FFY	2021	2022	2023	2024	2025
Target A >=	60.00%	60.00%	60.00%	60.00%	60.00%
Target B <=	12.00%	12.00%	12.00%	12.00%	12.00%

**Inclusive Targets – 6C**

FFY	2021	2022	2023	2024	2025
Target C <=					

**Prepopulated Data**

**Data Source:**

SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

**Date:**

07/06/2022

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	824	1,056	56	1,936
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	292	448	17	757
b1. Number of children attending separate special education class	122	107	7	236
b2. Number of children attending separate school	1	4	0	5
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	1	1	1	3

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

**FFY 2021 SPP/APR Data - Aged 3 through 5**

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	757	1,936	41.51%	60.00%	39.10%	Did not meet target	Slippage
B. Separate special education class, separate school or residential facility	241	1,936	12.48%	12.00%	12.45%	Did not meet target	No Slippage

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C. Home	3	1,936	0.05%		0.15%	N/A	N/A

**Provide reasons for slippage for Group A aged 3 through 5, if applicable**

Between FFY20 and FFY21, school districts reported a 2% drop in the number of students participating regular education programming for 10 hours or more receiving their services within the regular education environment and a corresponding 2% increase in the number of these students receiving these services in another location. A similar, though slighter, increase of 1%, was also observed for the number of students receiving their services solely in a Service Provider Location. This data reflects data shared by districts regarding difficulties presented during COVID in gaining access to community-based programs to provide services. Districts also expressed challenges in maintaining their own regular education environments due to decreasing enrollment of typically developing children as well as parents, concerned with the increased risk of subjecting their children to multiple environments, opting for full-day childcare programs rather than part day district programs combined with afterschool care. Together, these factors increased district reliance on community-based programs to provide regular education environments for students at a time where many childcare programs had either closed, were operating under reduced capacity, and/or were serving as emergency centers for essential personnel only. As a result, many districts had to rely on service provider locations, such as the school speech or OT office, in order to maintain consistency of service delivery and supports through these challenging circumstances.

**Provide additional information about this indicator (optional)**

The State reported fewer than ten children receiving special education and related services in the home in FFY 2021. The State is not required to provide targets for Indicator 6C until any fiscal year in which ten or more children receive special education and related services in the home.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

The State reported fewer than ten children receiving special education and related services in the home in FFY 2021. The State is not required to provide targets for Indicator 6C until any fiscal year in which ten or more children receive special education and related services in the home.

**6 - Required Actions**

## Indicator 7: Preschool Outcomes

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by ((# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by ((the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

## 7 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Part	Baseline	FFY	2016	2017	2018	2019	2020
A1	2020	Target >=	79.50%	80.00%	80.00%	80.00%	80.00%
A1	75.05%	Data	82.88%	79.92%	77.56%	77.79%	75.05%

A2	2020	Target >=	61.60%	62.00%	62.00%	62.00%	62.00%
A2	53.15%	Data	58.35%	61.68%	58.12%	56.85%	53.15%
B1	2020	Target >=	79.00%	80.00%	80.00%	80.00%	80.00%
B1	75.34%	Data	80.67%	79.82%	78.97%	75.23%	75.34%
B2	2020	Target >=	61.00%	61.50%	61.50%	61.50%	61.50%
B2	51.63%	Data	57.04%	61.59%	57.06%	52.09%	51.63%
C1	2020	Target >=	77.00%	77.50%	77.50%	77.50%	77.50%
C1	76.26%	Data	84.65%	90.45%	61.60%	68.64%	76.26%
C2	2020	Target >=	63.20%	63.50%	63.50%	63.50%	63.50%
C2	49.88%	Data	72.59%	83.24%	56.49%	54.40%	49.88%

**Targets**

FFY	2021	2022	2023	2024	2025
Target A1 >=	80.00%	80.00%	80.50%	80.50%	81.00%
Target A2 >=	62.00%	62.00%	62.50%	62.50%	62.50%
Target B1 >=	80.00%	80.00%	80.50%	80.50%	80.50%
Target B2 >=	61.50%	61.50%	61.50%	61.50%	61.50%
Target C1 >=	77.50%	77.50%	78.00%	78.00%	78.50%
Target C2 >=	63.50%	63.50%	64.00%	64.50%	65.00%

**Targets: Description of Stakeholder Input**

In April 2022 a new LEA Determinations process was implemented. Stakeholder input was also provided through the LEA Determinations process. Districts with small cell sizes for Indicator 7 would result in them not meeting the target and therefore receiving a 'Needs Intervention' determination.

**FFY 2021 SPP/APR Data**

**Number of preschool children aged 3 through 5 with IEPs assessed**

1,095

**Outcome A: Positive social-emotional skills (including social relationships)**

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	33	3.01%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	188	17.17%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	236	21.55%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	420	38.36%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	218	19.91%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age	656	877	75.05%	80.00%	74.80%	Did not meet target	No Slippage

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	638	1,095	53.15%	62.00%	58.26%	Did not meet target	No Slippage

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	27	2.47%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	230	21.00%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	298	27.21%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	378	34.52%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	162	14.79%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	676	933	75.34%	80.00%	72.45%	Did not meet target	Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	540	1,095	51.63%	61.50%	49.32%	Did not meet target	Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	36	3.29%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	234	21.37%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	239	21.83%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	427	39.00%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	159	14.52%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	666	936	76.26%	77.50%	71.15%	Did not meet target	Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	586	1,095	49.88%	63.50%	53.52%	Did not meet target	No Slippage

Part	Reasons for slippage, if applicable
<b>B1</b>	<p>While the data submitted for Indicator 7 shows an improvement in the distribution of students within each progress category, Outcome B1, B2 and C1 are areas of slippage reported. LEAs continue to report many of the preschool students have returned to school after the pandemic with significant deficits in their academic learning. This has resulted in some students not demonstrating any growth in certain progress categories.</p> <p>As part of our monitoring process, in April 2022 the Department implemented a new LEA Determinations process. Districts were provided annual report of all their indicator data. The following link provides more detail on the LEA Determination Process: <a href="https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations">https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations</a>. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their Indicator 7 data.</p> <p>It has been many years since the Department has done a review of the instruments used to collect the preschool outcome data. The Department is piloting the Desired Results Developmental Profile (DRDP) assessment tool as a possible new instrument used to gather data for this indicator. 7 LEAs are currently using the tool this school year to measure students' progress. These districts will present to stakeholders their thoughts on their experience with the tool in the spring of 2023. The Department will then host a series of public hearings for stakeholder to provide their input on whether the Department should consider approving the DRDP as an additional instrument or solely use the DRDP to collect data for this indicator.</p>
<b>B2</b>	<p>While the data submitted for Indicator 7 shows an improvement in the distribution of students within each progress category, Outcome B1, B2 and C1 are areas of slippage reported. LEAs continue to report many of the preschool students have returned to school after the pandemic with significant deficits in their academic learning. This has resulted in some students not demonstrating any growth in certain progress categories.</p> <p>As part of our monitoring process, in April 2022 the Department implemented a new LEA Determinations process. Districts were provided annual report of all their indicator data. The following link provides more detail on the LEA Determination Process: <a href="https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations">https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations</a>. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their Indicator 7 data.</p> <p>It has been many years since the Department has done a review of the instruments used to collect the preschool outcome data. The Department is piloting the Desired Results Developmental Profile (DRDP) assessment tool as a possible new instrument used to gather data for this indicator. 7 LEAs are currently using the tool this school year to measure students' progress. These districts will present to stakeholders their thoughts on their experience with the tool in the spring of 2023. The Department will then host a series of public hearings for stakeholder to provide their input on whether the Department should consider approving the DRDP as an additional instrument or solely use the DRDP to collect data for this indicator.</p>
<b>C1</b>	<p>While the data submitted for Indicator 7 shows an improvement in the distribution of students within each progress category, Outcome B1, B2 and C1 are areas of slippage reported. LEAs continue to report many of the preschool students have returned to school after the pandemic with significant deficits in their academic learning. This has resulted in some students not demonstrating any growth in certain progress categories.</p> <p>As part of our monitoring process, in April 2022 the Department implemented a new LEA Determinations process. Districts were provided annual report of all their indicator data. The following link provides more detail on the LEA Determination Process: <a href="https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations">https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations</a>. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their Indicator 7 data.</p> <p>It has been many years since the Department has done a review of the instruments used to collect the preschool outcome data. The Department is piloting the Desired Results Developmental Profile (DRDP) assessment tool as a possible new instrument used to gather data for this indicator. 7 LEAs are currently using the tool this school year to measure students' progress. These districts will present to stakeholders their thoughts on their experience with the tool in the spring of 2023. The Department will then host a series of public hearings for stakeholder to provide their input on whether the Department should consider approving the DRDP as an additional instrument or solely use the DRDP to collect data for this indicator.</p>

**Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)**

YES

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

New Hampshire requires LEA's to use one of the two approved online assessment tools My Teaching Strategies (TS Gold) or Brookes Publishing (AEPSi) for the collection of the data. All identified preschool children must be assessed for POMS (Preschool Outcome Measures) regardless of identification category, placement of service. The NH DOE requires that all identified preschoolers must be assessed upon entry to a program and/or receiving services; annually; and then upon exit from preschool.

Once the assessment is completed and finalized it remains in the online system. At the time of the child's exiting preschool, the data entry point is compared to the data from their exit point to determine progress has been made. The data is compiled into a report and generated by both online systems and forwarded by the LEA to the NH DOE. The Department then compiles the data into a state report.

**Provide additional information about this indicator (optional)**

While the data submitted for Indicator 7 shows an improvement in the distribution of students within each progress category, Outcome B1, B2 and C1 are areas of slippage reported. LEAs continue to report many of the preschool students have returned to school after the pandemic with significant deficits in their academic learning. This has resulted in some students not demonstrating any growth in certain progress categories.

As part of our monitoring process, in April 2022 the Department implemented a new LEA Determinations process. Districts were provided annual report of all their indicator data. The following link provides more detail on the LEA Determination Process: <https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/district-determinations>. Districts were provided with technical assistance regarding how indicator data is calculated and how to review data themselves. Many districts in the "Needs Intervention" category have chosen to look more closely at their Indicator 7 data.

It has been many years since the Department has done a review of the instruments used to collect the preschool outcome data. The Department is piloting the Desired Results Developmental Profile (DRDP) assessment tool as a possible new instrument used to gather data for this indicator. 7 LEAs are currently using the tool this school year to measure students' progress. These districts will present to stakeholders their thoughts on their experience with the tool in the spring of 2023. The Department will then host a series of public hearings for stakeholder to provide their input on whether the Department should consider approving the DRDP as an additional instrument or solely use the DRDP to collect data for this indicator.

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**



## Indicator 8: Parent involvement

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

#### Data Source

State selected data source.

#### Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

#### Instructions

*Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 for additional instructions on sampling.)*

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

**Beginning with the FFY 2021 SPP/APR, due February 1, 2023,** include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

### 8 - Indicator Data

Question	Yes / No
Do you use a separate data collection methodology for preschool children?	NO

#### Targets: Description of Stakeholder Input

The Bureau established a statewide Indicator 8 stakeholder group with under-represented groups in mind, comprised of family representatives, the NH Parent Information Center (PIC), school representatives, and several NHED staff. The stakeholder group's purpose is to advise the Bureau on how to support LEAs on improving the response rate from year to year. The Indicator 8 stakeholder recommendations involved consideration of:

- Revise the Indicator 8 survey items to shorten the survey from 25 questions to 11 in an effort to ease the time needed for families to respond with the hope that this will increase response rates.
- Provide technical assistance to LEAs and families utilizing the IDC Indicator 8 Toolkit which provides professional development and resources addressing the importance of the survey and how to engage families and analyze Indicator 8 data to improve outcomes for students with disabilities.
- Provide the Indicator 8 survey year-round for schools and parents to choose the best time to complete the survey.
- Provide the survey results to schools to review feedback year-round to make use of the data with the community.
- Design a model to market the survey to underrepresented families with students with disabilities.
- The SEA will provide Indicator 8 results annually, including a summary that highlights key points of what the data reflects regarding strengths, challenges and areas of focus to improve outcomes for students with disabilities.

#### Historical Data

Baseline Year	Baseline Data
2021	59.87%

FFY	2016	2017	2018	2019	2020
Target >=	37.00%	37.00%	38.00%	38.00%	52.00%
Data	39.62%	41.50%	38.04%	NVR	51.92%

**Targets**

FFY	2021	2022	2023	2024	2025
Target >=	54.00%	56.00%	58.00%	60.00%	62.00%

**FFY 2021 SPP/APR Data**

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,122	1,874	51.92%	54.00%	59.87%	N/A	N/A

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

The New Hampshire Department of Education (NHED) in partnership with Panorama Education, followed procedures used to combine data from both the school age and preschool surveys. Panorama Education is an independent education technology company that uses research backed survey instruments to collect valid and reliable data.

**The number of parents to whom the surveys were distributed.**

30,309

**Percentage of respondent parents**

6.18%

**Response Rate**

FFY	2020	2021
Response Rate	8.80%	6.18%

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

The NHED, Bureau of Special Education continues to receive technical assistance from IDEA Data Center (IDC) staff to address improving response rates for the Indicator 8 Survey.

In response to families indicating the survey was too long, the stakeholder group worked towards making questions more concise by consolidating the previous 25 questions down to 11 for the 21-22 603 Bright Futures Survey. These questions will be used consistently by the SEA to track trends annually to ensure families are involved as a means of improving services and results for children with disabilities. The 21-22 survey was the first year that the consolidated questions were released, thus determining year over year trends for any underrepresented populations was not possible at this time. As we continue to collect data on the agreed upon consolidated questions the Bureau will be able to have a better understanding of groups that are underrepresented. For the 21-22 survey, it was determined that there were no groups that were 10% over or underrepresented.

The Bureau intends to utilize the IDC Indicator 8 Toolkit to provide TA to LEAs to engage families in understanding the importance of the survey and how to analyze the data collected from Indicator 8 to improve outcomes for students with disabilities.

In response to the stakeholder recommendation for the future administration of the Indicator 8 survey, the Bureau will be implementing alternative means for executing the survey, including separating the Indicator 8 Survey from the annual NHED 603 Bright Futures Survey to allow LEAs flexibility and multiple means for collecting Indicator 8 data throughout the year.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.**

As the 21-22 survey reset our baseline with the release of the 11 consolidated questions, a year over year analysis of the response rate, including any nonresponse bias, is not possible at this time.

The data we were able to collect for FFY21 was analyzed and the results are included in the next section pertaining to the State's analysis (Please see analysis response in next section). The analysis determined that there were no cases that were 10% over or underrepresented.

New Hampshire completed a review of the 21-22 demographic characteristics of respondents to determine their representativeness of the target population. The metric used compared the New Hampshire Statewide Census for Students with Disabilities to the survey results where respondents indicated race, disability, and student gender. The analysis determined that there were no groups that were 10% over or underrepresented with the survey.

As we continue to collect data annually, the Bureau will be able to take steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities. The Bureau is currently considering data base systems that will enable us to not only administer the survey through the system, but also provide us access to a multitude of reports that will allow us to track trends and complete annual in-depth data analysis.

**Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also**

**include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

Parents provided information on the survey about the demographics of their children. According to their responses, students who had parents respond to the survey were representative of the state’s population of students receiving special education services (based on the population of students served during the 21-22 school year). Due to the low number of responses, New Hampshire increased the threshold from 5% to 10% so low numbers would not influence the data too much. The demographic characteristics besides race and disability also included respondent gender. The analysis determined that there were no cases that were 10% over or underrepresented with the survey. The following provides greater detail of the analysis of any areas that were over or underrepresented:

**Gender**

- Male (-5%)
- Female (-4%)
- 9% of survey respondents did not identify a gender

**Primary Disability**

- Autism (4%)
- Developmental Delay (-2%)
- Multiple Disabilities (4%)
- Other Health Impairment (-6%)
  - Specific Learning Disability (-4%)
  - Speech or Language Impairment (2%)

**Race**

- Black or African American (-1%)
- Hispanic/Latino (-6%)
- Two or more races (5%)
- White (2%)

**The demographics of the parents responding are representative of the demographics of children receiving special education services. (yes/no)**

YES

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics**

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

The metric used compared the New Hampshire Statewide Census for Students with Disabilities to the survey results where target respondents indicated race, disability, and student gender. We chose to increase the threshold from 5% to 10% due to the low number of responses.

Sampling Question	Yes / No
Was sampling used?	NO

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	YES
If yes, provide a copy of the survey.	

**Provide additional information about this indicator (optional)**

**8 - Prior FFY Required Actions**

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

**Response to actions required in FFY 2020 SPP/APR**

The NHED reported on the FFY 2021 data with an analysis of the representativeness of the demographics of children receiving special education services compared to the demographics of the responding parents.

**8 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State did not analyze the response rate to identify potential nonresponse bias or identify steps taken to reduce any identified bias to promote response from parents of children receiving special education services in the State, as required by the Measurement Table.

In its description of strategies that will be implemented which are expected to increase the response rate year over year, the State did not specifically address strategies to increase the response rate for those groups that are underrepresented, as required by the Measurement Table.

## **8 - Required Actions**

In the FFY 2022 SPP/APR, the State must describe strategies which are expected to increase the response rate for those groups that are underrepresented and analyze the response rate to identify potential nonresponse bias and steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

## Indicator 9: Disproportionate Representation

### Instructions and Measurement

**Monitoring Priority:** Disproportionality

**Compliance indicator:** Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

#### Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

#### Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

#### Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 9 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2021	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

#### Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

#### FFY 2021 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

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Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	61	0.00%	0%	0.00%	N/A	N/A

Were all races and ethnicities included in the review?

YES

Define "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Definition of "Disproportionate Representation" and Methodology

Based on the large number of districts excluded from analysis each year and stakeholder input New Hampshire changed our calculation methodology in order to exclude fewer districts from analysis beginning in this FFY (FFY21). NHED previously used a weighted risk ratio where a district had to meet the minimum cell and N size for the target group and only where at least 2 separate racial/ethnic groups (target groups) met the minimum cell and N size. In meetings with stakeholders NHED presented the previously used calculation method and took feedback on the best method for moving forward with the calculation. Based on the stakeholder input the NHED updated the calculation methodology for this FFY (FFY21) to the following: A Risk Ratio over 3.0 with the minimum cell size in the target group, and the comparison group (all other racial categories in specific area) and the minimum N size requirement is removed.

Definition of Disproportionate Representation

The NHED has defined disproportionate representation of racial and ethnic groups in special education and related services as a risk ratio above 3.00 for the reporting year.

Methodology

All racial/ethnic groups were included in the analysis, as required by OSEP. A risk ratio was used in analyzing the district data. In order to calculate the risk ratio, a target group had to meet the minimum cell size and the comparison group had to meet the minimum cell size in the district. The cell size (>9) was selected to protect individually identifiable student information and to ensure that there were sufficient students in the subgroups to allow for appropriate identification of disproportionate representation. Stakeholder input was used to determine the use of a risk ratio that uses a minimum cell size only and not a minimum N size which is not included in the calculation. Using the criteria established above, the NHED determined that, out of 174 school districts, 61 school districts met the cell size for both the target and comparison groups for data analysis. Of those 61 school districts, 0 were identified as meeting the risk ratio of greater than 3.0 for disproportionate representation of over representation.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Through the process used for this indicator (described above), if any districts identified in Step One had been determined to have overrepresentation in the identification of students with disabilities, the NHED would have utilized the following monitoring process to determine whether the disproportionate representation (see above definition) was the result of inappropriate identification. The NHED would examine the districts' child find, evaluation, eligibility and other related policies, procedures and practices to ensure an equitable consideration for special education and related services for all racial and ethnic groups and that those eligibility determinations were conducted appropriately. For each district that met the criteria in Step One, the State would have consulted with the local Director of Special Education regarding the data and reviewed local policies, procedures and practices related to this indicator. In addition, the NHED would have reviewed the data for complaints and due process hearings for any issues regarding inappropriate identification that may have been found in either of these dispute resolution mechanisms

Provide additional information about this indicator (optional)

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

**9 - Required Actions**

## Indicator 10: Disproportionate Representation in Specific Disability Categories

### Instructions and Measurement

**Monitoring Priority:** Disproportionality

**Compliance indicator:** Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

#### Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

#### Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

#### Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

### 10 - Indicator Data

#### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2021	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

#### Targets



FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

**FFY 2021 SPP/APR Data**

**Has the state established a minimum n and/or cell size requirement? (yes/no)**

YES

**If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.**

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Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1	0	27	0.00%	0%	0.00%	N/A	N/A

**Were all races and ethnicities included in the review?**

YES

**Define “disproportionate representation.” Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).**

Definition of “Disproportionate Representation” and Methodology

Based on the large number of districts excluded from analysis each year and stakeholder input New Hampshire changed our calculation methodology in order to exclude fewer districts from analysis beginning in this FFY (FFY21). NHED previously used a weighted risk ratio where a district had to meet the minimum cell and N size for the target group and only where at least 2 separate racial/ethnic groups (target groups) met the minimum cell and N size. In meetings with stakeholders NHED presented the previously used calculation method and took feedback on the best method for moving forward with the calculation. Based on the stakeholder input NHED updated the calculation methodology for this FFY (FFY21) to the following: A Risk Ratio over 3.0 with the minimum cell size in the target group, and the comparison group (all other racial categories in specific area) and the minimum N size requirement is removed.

Definition of Disproportionate Representation

The NHED has defined disproportionate representation of racial and ethnic groups in special education and related services as a risk ratio above 3.00 for the reporting year.

Methodology

All racial/ethnic groups were included in the analysis, as required by OSEP. A risk ratio was used in analyzing the district data. In order to calculate the risk ratio, a target group had to meet the minimum cell size and the comparison group had to meet the minimum cell size in the district. The cell size (>9) was selected to protect individually identifiable student information and to ensure that there were sufficient students in the subgroups to allow for appropriate identification of disproportionate representation. Stakeholder input was used to determine the use of a risk ratio that uses a minimum cell size only and not a minimum N size which is not included in the calculation. Using the criteria established above, the NHED determined that, out of 174 school districts, 27 school districts met the cell size for both the target and comparison groups for data analysis. Of those 27 school districts, 1 was identified as meeting the data threshold for disproportionate representation of over representation.

**Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.**

Through the process used for this indicator (described above), any districts identified in Step One had been determined to have overrepresentation in the identification of students with disabilities, the NHED would have utilized the following monitoring process to determine whether the disproportionate representation (see above definition) was the result of inappropriate identification. The NHED would examine the districts’ child find, evaluation, eligibility and other related policies, procedures and practices to ensure an equitable consideration for special education and related services for all racial and ethnic groups and that those eligibility determinations were conducted appropriately. For each district that met the criteria in Step One, the State would have consulted with the local Director of Special Education regarding the data and reviewed local policies, procedures and practices related to this indicator. In addition, the NHED would have reviewed the data for complaints and due process hearings for any issues regarding inappropriate identification that may have been found in either of these dispute resolution mechanisms

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

OSEP notes the State reported one district with disproportionate representation of racial/ethnic groups in specific disability categories. However, the State did not describe how, for the one district, it made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories, was the result of inappropriate identification. Specifically, in its narrative the State reported, "Through the process used for this indicator (described above), any districts identified in Step One had been determined to have overrepresentation in the identification of students with disabilities, the NHED would have utilized the following monitoring process to determine whether the disproportionate representation (see above definition) was the result of inappropriate identification."

**10 - Required Actions**

In the State's FFY 2022 SPP/APR, the State must describe how it made the annual determination as to whether, in any district where the State identified disproportionate representation of racial and ethnic groups in specific disability categories, the disproportionate representation was the result of inappropriate identification (i.e., whether or not any identified districts were not in compliance with the child find, evaluation, and eligibility requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311).

## Indicator 11: Child Find

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Child Find

**Compliance indicator:** Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

#### Measurement

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 11 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	98.03%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	94.96%	97.30%	98.27%	99.16%	98.03%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,553	1,474	98.03%	100%	94.91%	Did not meet target	Slippage

**Provide reasons for slippage**

The covid pandemic effected staffing, with a shortage of staff, and the staff that was available were new to the process and had a lack of understanding of the evaluation process, evaluation timelines, data entry errors, and scheduling/staffing issues. Training was offered to the new staff, but due to the staffing shortages, new staff were unable to attend.

**Number of children included in (a) but not included in (b)**

79

**Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.**

Of the 1553 children for whom parental consent for initial evaluation was received, 79 children did not have evaluations completed within the 60-day timeframe within which the evaluation must be completed. The 79 children were from a total of 51 districts. In analyzing the data, the majority of delays occurred in 1-15 days and 61 or more days past the timeline.

- 1 - 15 Days = 29
- 16 - 30 Days = 10
- 31 - 45 Days = 6
- 46 – 60 Days = 6
- 61+ Days =28

As indicated in slippage the reasons for delay the majority were attributed to staffing shortage and lack of knowledge of the evaluation process with new staff.

**Indicate the evaluation timeline used:**

The State used the 60 day timeframe within which the evaluation must be conducted

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to collect these data, and if data are from the State’s monitoring, describe the procedures used to collect these data.**

The NHDOE monitored each district in the State for compliance with this indicator. The data for this indicator were mostly available through the State database, the New Hampshire Special Education Information System (NHSEIS). All data for FFY 21 were collected on all children for whom parental consent for initial evaluation was received and then entered into NHSEIS. All information entered into NHSEIS by district staff related to this indicator can yield all data needed for State monitoring. A report was generated by the State from NHSEIS to monitor through review of the report to determine compliance. The time period for data collection with this indicator is August 15, 2021 and November 15, 2021. NHSEIS does not collect data on allowable exceptions. These additional data points for this indicator were collected through a State monitoring process involving submission documentation from the districts to the NHDOE, collected in a structured manner using forms combined with supporting evidence. The State then monitored this indicator through examination of evidence submitted to determine if compliance was demonstrated, noted as a desk audit described below.

A desk audit allowed districts to present evidence of allowable exceptions to the timeline when the timeframe set for initial evaluation did not apply to a public agency because: 1) the parent of a child repeatedly failed or refused to produce the child for evaluation, or 2) a child enrolls in a school of another public agency after the start of the relevant timeframe [for initial evaluations] has begun, and prior to a determination by the child’s previous public agency as to whether the child is a child with a disability,” as allowed by 34 CFR §300.301(d). As permitted by OSEP in the Measurement Table, the NHDOE did not report these exceptions in either the numerator or denominator. For the FFY 21 APR, after completion of State monitoring to review exceptions, evidence of compliance with allowable exceptions applied to 12 students.

**Provide additional information about this indicator (optional)**

As a result of COVID, Districts have reported consistent staff shortages and scheduling issues and, as new staff are brought on, issues with lack of understanding of the evaluation process including timelines, as well as data entry errors.

The NHDOE recommended intensive technical assistance for each district to directly address data analysis, data entry issues, express adherence to timelines to alleviate noncompliance, and procedural errors, including scheduling, and discussion of possible resolutions both procedural and in practice. This training for Indicator 11 was offered again multiple times in the fall and training in NHSEIS was continually offered throughout the year. Training attendance was recommended for Special Education Administrators, Special Educators, Administrative Assistants, and others pertinent staff involved in the initial evaluation process

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
35	35	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

The NHDOE has verified that each LEA with noncompliance identified in FFY 20 for this indicator has corrected the identified noncompliance, consistent with OSEP Memo 09-02, as follows: The NHDOE verified that each district was correctly implementing 34 CFR 300.301(c), (i.e. achieved 100% compliance) based on a review of data subsequently collected through a desk audit monitoring process. During the correction period, the NHDOE reviewed local policies and procedures and provided on-site technical assistance to districts to support the timely evaluation process, including accurate data collection and entry in order to ensure districts were providing timely evaluations.

These findings reflect all noncompliance identified with this indicator through monitoring and data collections. Written findings were made consistent with OSEP Memo 09-02 that identified LEA's where noncompliance occurred, and their levels of noncompliance are included in the regulatory citations. All noncompliant practices were addressed through root cause analysis and improvement activities. Policies and procedures were revised as necessary.

**Describe how the State verified that each individual case of noncompliance was corrected**

For each district that had findings of noncompliance, a desk audit occurred after submission of evidence for each individual case for verification that all required corrective actions were completed; therefore, the NHED verified that, for each of these individual cases, the district had completed the required action including ensuring evaluations were completed, unless the child was no longer in the jurisdiction of the LEA, prior to the identification of findings, as reported in the FFY 20 APR.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**11 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

The NHED has reported on the status of correction of noncompliance identified in FFY 2020. The NHED has included that it has verified that each LEA with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements based on a review of updated data and that each individual case of noncompliance has been corrected, including the specific actions that were taken to verify correction.

**11 - OSEP Response**

**11 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 12: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Compliance indicator:** Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Data to be taken from State monitoring or State data system.

#### Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 12 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2020	95.39%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.13%	97.88%	98.35%	90.37%	95.39%

#### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

#### FFY 2021 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	306
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	65

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	214
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	13
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	11
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	214	217	95.39%	100%	98.62%	Did not meet target	No Slippage

**Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f**

3

**Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.**

Noncompliance occurred with 3 transitions occurring across three districts. Two of the impacted children were found eligible and had IEPs implemented 24 and 43 days following their third birthday. The third child impacted had their eligibility determined 28 days following the third birthday before moving to another school district where the IEP was implemented 57 days following the third birthday. All three of the impacted children were found eligible and had IEPs fully implemented between 24 and 57 days following their third birthday. Reasons for delay included COVID illness of multiple key school personnel, systemic issues related to communication during the transition process, and confusion between early transition and initial evaluation timelines (Indicators 12 and 11 respectively).

Range of days beyond the third birthday: 0-15 days: 0, 16-30 days: 1, 31-45 days: 1, 46-60: 1, 61-75 days: 0, 76-90 days: 0, 90+ days: 0

**Attach PDF table (optional)**

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

Data were collected for this indicator through a monitoring process, as the data required for this indicator were only partially available through the State database known as NH Special Education Information System (NHSEIS). This was the eighth year that NH Part C data transferred automatically into the Part B data system and the State was able to create a report of all children who were referred from Part C to Part B. Once the preliminary report was generated, the NHED verified with districts additional data elements that were required to determine compliance. The New Hampshire Department of Education, Bureau of Special Education Supports collected data from each district in the State to determine compliance with this indicator. Data were collected on all children who were served in Part C and referred to Part B for eligibility determination whose third birthday occurred between July 1 – October 31, 2021. The data were collected from all geographic areas and accurately represent data for the full reporting period.

In order to ensure data quality, the NHDOE verified available data points in NHSEIS. In addition, NHED staff conducted virtual reviews of file documentation, policies and procedures as needed. This is the same process that was used to report in the FFY 2020 APR.

**Provide additional information about this indicator (optional)**

Through an extensive desk audit, New Hampshire Department of Education (NHDOE) identified significant improvement in school district documentation of transition activities, attributed to intense TA provided by both Race2K (a NHED funded TA Center) and the 619 Coordinator. Patterns related to COVID disruptions persisted as well as emerging communication challenges between local area agencies and school districts during the transition process. To address the issue in Spring 2022, Race2K facilitated meetings with school districts and local area agencies to review their interagency agreements, stressing the importance of incorporating processes for communicating when issues arise. Additional TA was incorporated into the development of the New Preschool Coordinator Guide, an asynchronous curriculum and professional development resource for new preschool coordinators as well as new web resources on the NHED website launched in Fall 2022.

**Provide additional information about this indicator (optional)**

Through an extensive desk audit, New Hampshire Department of Education (NHDOE) identified significant improvement in school district documentation of transition activities, attributed to intense TA provided by both Race2K (a NHED funded TA Center) and the 619 Coordinator. Patterns related to COVID disruptions persisted as well as emerging communication challenges between local area agencies and school districts during the transition process. To address the issue in Spring 2022, Race2K facilitated meetings with school districts and local area agencies to review their interagency agreements, stressing the importance of incorporating processes for communicating when issues arise. Additional TA was incorporated into the development of the New Preschool Coordinator Guide, an asynchronous curriculum and professional development resource for new preschool coordinators as well as new web resources on the NHED website launched in Fall 2022.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	5	1	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

The NHDOE has verified that each LEA with noncompliance identified in FFY 2020 for this indicator has corrected the identified noncompliance, consistent with OSEP Memo 09-02, as follows:

The NHDOE verified that each district identified in FFY 2020 with noncompliance was correctly implementing the regulatory requirements (34 CFR §300.124(b) i.e., achieved 100% compliance) based on a review of data subsequently collected through a desk audit monitoring process. This subsequent desk audit included a review of data in the State data system followed by a review of evidence documenting valid reasons for delays (parents did not make the child available) or late referrals to Part C. During the correction period, RACE2K, an initiative funded by the NHDOE, Bureau of Student Supports through the NH Parent Information Center (PIC) as well as the NHED 619 Coordinator provided technical assistance and reviewed local policies and procedures to support districts with timely and quality transitions in compliance with the regulations. Through this desk audit process, the NHDOE verified that each of the districts identified in FFY 2020 with noncompliance for Indicator 12 was correctly implementing the regulatory requirements as soon as possible. All findings but one were corrected within one year from notification. Through an intensive support process involving Race2K, the 619 Coordinator, and the Administrator for Training and Monitoring at the Bureau of Special Education Supports, the remaining district completed its policy and systemic corrections 14 months following notification.

**Describe how the State verified that each individual case of noncompliance was corrected**

The NHDOE has verified that the identified districts had completed the special education process for each individual case of noncompliance, though late. This verification occurred through a review of each affected child's data which demonstrated that each district had either received written non-consent for evaluation from the parents, determined ineligibility, or developed and implemented the IEP, though late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**12 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

The NHED has reported on the status of correction of noncompliance identified in FFY 2020 and has reported that it verified that each LEA with noncompliance in FFY 2020 is correctly implementing the specific regulatory requirements based on a review of updated data and has corrected each individual case of noncompliance, including the specific actions that were taken to verify correction.

**12 - OSEP Response**

**12 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.



## Indicator 13: Secondary Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Compliance indicator:** Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Data to be taken from State monitoring or State data system.

#### Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 13 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	64.29%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	56.90%	71.88%	33.33%	90.22%	64.29%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
68	86	64.29%	100%	79.07%	Did not meet target	No Slippage

What is the source of the data provided for this indicator?

State monitoring

**Describe the method used to collect these data, and if data are from the State’s monitoring, describe the procedures used to collect these data.**

For the SPP beginning in FFY 2013, the NHED began a new six-year monitoring cycle. This six-year monitoring cycle has allowed the NHED to monitor every public high school in NH, including two public academies, within the six-year time frame, for Indicator 13 Compliance.

The NHED randomly selects high schools to participate in Indicator 13 monitoring to ensure that all high schools will be monitored during the six-year cycle. In FFY21 there were 13 high schools monitored. Reporting for this Indicator is by high school and is not currently reported by the district. Once a NH high school is randomly selected, monitored, and meets 100% compliance for Indicator 13, they are removed from the selection process until the six-year cycle is complete.

**The New Hampshire Process:**

Randomly selected high schools were notified three years prior to the start of the school year in which they were monitored. Professional development opportunities were made available, at no cost to the schools, by the NHED in the areas of understanding the components of compliance, secondary transition, & writing measurable post-secondary goals. High schools were encouraged to take advantage of trainings offered by the NHED.

In preparation to meet the requirements for Indicator 13, it was recommended that high school special education staff: (1) review the Indicator 13 checklist found in the Indicator 13 Guidance Document (see below); (2) complete the Best Practices in Planning for Transition on line module available free at <https://www.transitioncoalition.org>, (3) schedule the NHED Indicator 13 Compliance Monitoring training either in-person or virtually; and (4) schedule an NHED coaching session on Indicator 13 Compliance either in-person or virtually.

Once a high school was selected for monitoring, the NHED conducted an on-site or desk audit file review process for monitoring Indicator 13 Compliance. Due to COVID-19 school visitation policies, the monitoring process for one high school was conducted via desk audit, through the NHSEIS data base, and Zoom meeting. NHED staff conducted the file reviews. High schools were responsible for ensuring that evidence of compliance for Indicator 13 was in the students’ IEPs and/or their IEP files.

Due to COVID-19 restrictions, and this unusual time of remote/hybrid instruction during FFY 2021, Indicator 13 trainings, generally offered and provided in person at each high school the year prior to the on-site monitoring, were conducted as three separate virtual trainings that high school special education staff could register to attend. Unfortunately, these trainings did not capture staff as school teams or provide individualization as in years past. Of the 13 high school monitored for Indicator 13 Compliance during FFY 2021, 10 scheduled and participate in an individualized District coaching session.

The New Hampshire Special Education System (NHSEIS) was used to generate student level information regarding Indicator 13. This data was used to select student files to be reviewed and was representative of gender, age, ethnicity, and disability. For the 2021-2022 school year, the number of files reviewed was based on district special education enrollment of students age 16 and up and was as follows:

- District enrollment of 46 or more students age 16 and up – 8 files
- District enrollment 31 to 45 students age 16 and up – 6 files
- District enrollment of 30 or fewer students age 16 and up – 4 files

The NHED generated a list that had twice as many files for review, keeping in mind that unexpected changes could occur to a student’s status, such as transferring to another school district. The NHED notified high schools of the randomly selected student files approximately 6 - 8 weeks prior to the date of the scheduled monitoring. In the fall of the year of the monitoring activities, the NHED scheduled mutually agreed upon dates, (occurring in the winter or spring of that school year), with each selected high school, for the Indicator 13 on-site compliance monitoring visit.

The NHED conducted either on-site visits or desk audits with zoom meetings to review student IEP files according to the scheduled dates. The NHED reviewers who conducted the monitoring consisted of two NHED team members (see I-13 Guidance Document. This document was posted on the NHED website during monitoring and taken down after completion of that monitoring year. Document available upon request)

From the generated list of students provided by the NHED, (which contained twice the number of files needed for the monitoring), the high school selected the files to be reviewed. NHED reviewers used the NH Indicator 13 Compliance Checklist to monitor the files at the on-site visit or during the desk audit. In order to meet the compliance requirements, all 8 Indicator 13 Compliance Checklist items must have been verified as correct (yes) or in some cases, (N/A), in order to be in full compliance. (see Indicator 13 Compliance Checklist. This document was posted on the NHED website during monitoring and taken down after completion of that monitoring year. Document available upon request)

The NHED entered data from completed Indicator 13 Compliance Checklists into the Indicator 13 Compliance database which collects the following information: District Name, School Name, Student ID #, NHED Team Reviewer’s Names, Date of Finding(s), Items of Noncompliance, Date of Written Notification to District of Noncompliance, Date of Correction/Verification Visit, and Date of the Closure Letter (noting 100% compliance). The NHED calculated the State compliance percentage by dividing the total number of compliant files reviewed by the total number of reviewed files. (Example: Seven (7) files out of eight (8) files met compliance =  $7/8 \times 100 = 87.5\%$  compliance). High schools were notified in writing of the findings of compliance or noncompliance, as soon as possible but no later than 90 days from the date of the on-site file review visit.

Question	Yes / No
Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO

**Provide additional information about this indicator (optional)**

NH only monitors a percent of youth with IEPs aged 16 and above with an IEP. NHED is changing the indicator 13 monitoring process. Beginning 2022-2023 school year NHED will monitor student files in every LEA every year in an attempt to improve both compliance and student outcomes.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
30	30	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

Pursuant to the OSEP FAQ dated 9/3/08, the NHED groups individual instances of noncompliance for this Indicator by District as one finding of noncompliance. In FFY 2020, there were 30 written findings of noncompliance relative to this indicator from 7 Districts. After the written finding of noncompliance was made, the NHED and the District determined what, if any, additional technical assistance and/or coaching needed to be provided to the District by the NHED. Once the agreed upon technical assistance and/or coaching occurred, the NHED conducted a verification visit in each of the Districts with noncompliance at a mutually agreed upon date. At the verification visit, the NHED reviewed files for newly selected students to verify evidence the District was subsequently correctly implementing the regulatory requirements, as identified through the Indicator 13 Compliance Checklist. The NHED verified that 7 of the 7 Districts were correctly implementing the regulatory requirements with 100% compliance for this indicator within one year of the written finding of noncompliance.

**Describe how the State verified that each individual case of noncompliance was corrected**

After the written finding of noncompliance was made, the NHED and the District determined what, if any, additional technical assistance and coaching needed to be provided to the District by the NHED. Each of the 7 Districts with a finding of noncompliance were required to correct each individual instance of child-specific noncompliance by amending the IEP within 60 days of the written finding of noncompliance. These corrections were verified by the NHED by either an on-site monitoring visit or desk audit followed by a Zoom meeting.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**13 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

NHED conducted a verification visit in each of the Districts with noncompliance at a mutually agreed upon date. At the verification visit, the NHED reviewed files for newly selected students to verify evidence the District was subsequently correctly implementing the regulatory requirements, as identified through the Indicator 13 Compliance Checklist. Only the items on the Indicator 13 Compliance Checklist where there were findings of noncompliance during the initial monitoring were reviewed. The NHED verified that 7 of the 7 Districts were correctly implementing the regulatory requirements with 100% compliance for this indicator within one year of the written finding of noncompliance.

**13 - OSEP Response**

**13 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 14: Post-School Outcomes

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Results indicator:** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

State selected data source.

#### Measurement

- A. Percent enrolled in higher education =  $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$ .
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school =  $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$ .
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment =  $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$ .

#### Instructions

*Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 2 for additional instructions on sampling.)*

Collect data by September 2022 on students who left school during 2020-2021, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2020-2021 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

#### I. Definitions

*Enrolled in higher education* as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

*Competitive employment* as used in measures B and C: States have two options to report data under “competitive employment”:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

*Enrolled in other postsecondary education or training* as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

*Some other employment* as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services, etc.).

#### II. Data Reporting

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

### III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school must be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2020	Target >=	39.56%	39.56%	40.40%	40.40%	45.45%
A	45.45%	Data	29.48%	36.36%	48.18%	41.80%	45.45%
B	2020	Target >=	63.11%	63.11%	64.00%	64.00%	80.30%
B	80.30%	Data	62.31%	66.23%	79.09%	68.85%	80.30%
C	2020	Target >=	77.78%	77.78%	78.20%	78.20%	93.94%
C	93.94%	Data	80.22%	75.97%	84.55%	83.61%	93.94%

### FFY 2020 Targets

FFY	2021	2022	2023	2024	2025
Target A >=	45.45%	50.50%	50.50%	50.50%	50.50%
Target B >=	80.30%	85.30%	85.30%	90.30%	90.30%
Target C >=	95.00%	96.00%	97.00%	98.00%	98.00%

### Targets: Description of Stakeholder Input

The Bureau established a statewide Indicator 14 stakeholder group with under-represented groups in mind, comprised of family representatives, the NH Parent Information Center (PIC), school representatives, and several NHED staff. This stakeholder group’s goals include developing an improved survey administration as well as strategies to increase the eligible student response rate by providing districts supports that specifically address how to connect Indicator 14 to indicators that pertain to graduation, drop-out, and transition. Several initial strategies the stakeholder group identified include:

- Supporting Districts to work directly with their students prior to graduation to inform them of the Post-School Outcomes Survey
- Surveys delivered in a more current format such as text or email
- Providing support to eligible students responding to the Post-School Outcomes Survey

### FFY 2021 SPP/APR Data

Total number of targeted youth in the sample or census	1,573
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	59
Response Rate	3.75%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	21
2. Number of respondent youth who competitively employed within one year of leaving high school	21
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	4
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	4

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Enrolled in higher education (1)	21	59	45.45%	45.45%	35.59%	Did not meet target	Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	42	59	80.30%	80.30%	71.19%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	50	59	93.94%	95.00%	84.75%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
<b>A</b>	Slippage ties directly back to the low response rate and further supports that the small sample size is not an appropriate representation measure. 6 fewer entities than FFY20 (districts, charter schools, adult ed) had responses to the survey with only 7 districts responding last year as well as this year, with one district responsible for 35.59% of the responses while in FFY20 no one entity was responsible for more than 17% of the responses. The uneven distribution of responses and lack of consistency in responses per district is the reason for the decrease in the FFY21 results.
<b>B</b>	Slippage ties directly back to the low response rate and further supports that the small sample size is not an appropriate representation measure. 6 fewer entities than FFY20 (districts, charter schools, adult ed) had responses to the survey with only 7 districts responding last year as well as this year, with one district responsible for 35.59% of the responses while in FFY20 no one entity was responsible for more than 17% of the responses. The uneven distribution of responses and lack of consistency in responses per district is the reason for the decrease in the FFY21 results.
<b>C</b>	Slippage ties directly back to the low response rate and further supports that the small sample size is not an appropriate representation measure. 6 fewer entities than FFY20 (districts, charter schools, adult ed) had responses to the survey with only 7 districts responding last year as well as this year, with one district responsible for 35.59% of the responses while in FFY20 no one entity was responsible for more than 17% of the responses. The uneven distribution of responses and lack of consistency in responses per district is the reason for the decrease in the FFY21 results.

Please select the reporting option your State is using:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

**Response Rate**

FFY	2020	2021
Response Rate	2.58%	3.75%

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Due to the small sample size, the Bureau determined for the 21-22 survey that there was not a broad cross section of eligible student respondents, particularly for those groups that are underrepresented. In an effort to address the decrease in response rate year over year, particularly for those groups that are underrepresented, the Bureau is receiving technical assistance from the National Technical Assistance Center on Transition (NTACT:C). Technical assistance will include guidance to the stakeholder group in reviewing the requirements of Indicator 14, developing an improved survey administration, and developing strategies to increase the response rate. Over the next year, the Bureau will continue partnering with NTACT:C and the stakeholder group, in an effort to improve the response rate of the Post-School Outcomes Survey. Several initial strategies identified include:

- Supporting Districts to work directly with their students prior to graduation to inform them of the Post-School Outcomes Survey
- Surveys delivered in a more current format such as text or email
- Providing support to eligible students responding to the Post-School Outcomes Survey

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.**

The Bureau’s analysis, including any non-response bias, is not possible given the small sample size. It was determined that the small sample size is not a representation of a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school. The data we were able to collect for FFY21 was analyzed and the results are included in the next section pertaining to the State’s analysis (Please see analysis response in next section).

As we work towards increasing the response rate and collecting data annually, the Bureau will be able to take steps to reduce any identified bias and promote response from a broad cross section of eligible student respondents. The Bureau is currently considering data base systems that will enable us to not only administer the survey through the system, but also provide us access to a multitude of reports that will allow us to track trends and complete annual in-depth data analysis.

**Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

Due to a small number of completed surveys, there was limited data to determine representation of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. The Bureau completed a review of the limited responses based on demographic characteristics that included gender, primary disability, and race. Due to the low number of responses, New Hampshire increased the threshold from 5% to 10% so low numbers would not influence the data too much. The threshold exceeded 10% in the following demographic areas:

**Gender**

- A 17% underrepresentation of male students
- A 15% overrepresentation of female students.

**Primary Disability**

- A 19% overrepresentation of students with a primary disability of Autism
- A 12% overrepresentation of students with a primary disability of Multiple Disabilities
- A 11% underrepresentation of students with a Specific Learning Disability
- A 17% underrepresentation of students with Other Health Impairments

**Race**

- There was no race category that exceeded the 10% threshold

**The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)**

NO

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

As stated above, the Bureau recognizes the need to address the decrease in response rate year after year, particularly for those groups that are underrepresented. Over the next year, the Bureau will continue partnering with NTACT:C and the stakeholder group in an effort to significantly improve the response rate of the Post-School Outcomes Survey. As we continue to collect data annually, the Bureau will be able to take steps to reduce any identified bias and promote response from a broad cross section of eligible former student. The Bureau is currently researching data base systems that will enable us to not only administer the survey through the system, but also provide us access to a multitude of reports that will allow us to track trends and complete annual in-depth data analysis.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

The metric used compared the New Hampshire statewide demographics to the survey results where target respondents indicated race, disability, and student gender. We chose to increase the threshold from 5% to 10% due to the low number of responses.

Sampling Question	Yes / No
Was sampling used?	NO

Sampling Question	Yes / No
Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO

Provide additional information about this indicator (optional)

#### 14 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether the FFY 2021 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

##### Response to actions required in FFY 2020 SPP/APR

The NHED included an analysis of the representativeness of the demographics of the youth who are no longer in secondary school and had IEPs in effect at the time they left school, including the extent to which the response data are representative of those demographics.

#### 14 - OSEP Response

The State did not analyze the response rate to identify potential nonresponse bias or identify steps taken to reduce any identified bias to promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school, as required by the Measurement Table. The State reported, "The Bureau's analysis, including any non-response bias, is not possible given the small sample size."

#### 14 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and identify steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.



## Indicator 15: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. (20 U.S.C. 1416(a)(3)(B))

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

*Sampling is not allowed.*

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

### 15 - Indicator Data

Select yes to use target ranges

Target Range is used

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1 Number of resolution sessions	4
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1(a) Number resolution sessions resolved through settlement agreements	3

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

#### Targets: Description of Stakeholder Input

#### Historical Data

Baseline Year	Baseline Data
2010	71.00%

FFY	2016	2017	2018	2019	2020
Target >=	62.00% - 72.00%	63.00% - 73.00%	63.00% - 73.00%	63.00%-73.00%	
Data	100.00%	100.00%	42.86%	75.00%	100.00%

#### Targets

FFY	2021 (low)	2021 (high)	2022 (low)	2022 (high)	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=										

#### FFY 2021 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2020 Data	FFY 2021 Target (low)	FFY 2021 Target (high)	FFY 2021 Data	Status	Slippage
3	4	100.00%			75.00%	N/A	N/A

**Provide additional information about this indicator (optional)**

Historically the number of resolutions sessions has been less than 10. New Hampshire is not required to set established baseline or targets as the number of resolutions sessions are less than 10. When the number of resolutions sessions reaches 10 or greater New Hampshire will develop baseline and targets report on them in the corresponding SPP/APR.

**15 - Prior FFY Required Actions**

None

**15 - OSEP Response**

The State reported fewer than ten resolution sessions held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

**15 - Required Actions**

## Indicator 16: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3(B)))

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the EDFACTS Metadata and Process System (EMAPS)).

#### Measurement

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by 2.1 times 100.

#### Instructions

*Sampling is not allowed.*

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of resolution mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

## 16 - Indicator Data

### Select yes to use target ranges

Target Range is used

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	33
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	12
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	6

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

### Targets: Description of Stakeholder Input

#### Historical Data

Baseline Year	Baseline Data
2020	67.86%

FFY	2016	2017	2018	2019	2020
Target >=	65.00% - 75.00%	65.00% - 75.00%	70.00% - 80.00%	70.00%-80.00%	70.00%-80.00%
Data	58.82%	72.73%	74.07%	82.50%	67.86%

#### Targets

FFY	2021 (low)	2021 (high)	2022 (low)	2022 (high)	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	70.00%	80.00%	70.00%	80.00%	70.00%	80.00%	70.00%	80.00%	70.00%	80.00%

**FFY 2021 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target (low)	FFY 2021 Target (high)	FFY 2021 Data	Status	Slippage
12	6	33	67.86%	70.00%	80.00%	54.55%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

In terms of mediation as part of due process appeal, 12 were successfully mediated this fiscal year, with 10 withdrawals and 8 (independent of process) settlements. The previous fiscal year saw 15 successful mediations with 7 withdrawals of appeal and only 3 settlements. Our sense is the slippage in mediation is due to more successful independent of process settlements. In fact, it has been a point of notice by this office that more settlements were occurring during the current fiscal year outside of processes possibly due to more cooperation on the part of parties.

**Provide additional information about this indicator (optional)**

The Department is currently in the process of developing a Parent Guide to Administrative Process and FAQs that will provide more in-depth information about pre-process suggestions for parent/school district engagement as well as more in-depth information about alternative dispute resolution processes. The goal has been to assist parents to engage with local resolution processes as well as the Department's dispute resolution processes more fully thereby minimizing parental frustration with local district engagement.

**16 - Prior FFY Required Actions**

None

**16 - OSEP Response**

**16 - Required Actions**

## Indicator 17: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Children with Disabilities.

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Children with Disabilities. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

##### **Phase I: Analysis:**

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which, in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

**Phase III: Implementation and Evaluation** (which, in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### **Phase III: Implementation and Evaluation**

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., Feb 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023; for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

### C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

#### Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 17 - Indicator Data

### Section A: Data Analysis

#### What is the State-identified Measurable Result (SiMR)?

FFY 2021 SiMR: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved positive social-emotional skills

As a result of the New Hampshire Department of Education's (NHED) decision to change its SSIP focus and SiMR as noted in our FFY 2020 SPP/APR, we have identified a newly proposed FFY 2022 SiMR: Increase the reading proficiency of all 4th grade students with disabilities in participating schools as measured by NH's State Assessment System (SAS) by at least 10 percentage points by FFY 2026.

#### Has the SiMR changed since the last SSIP submission? (yes/no)

YES

#### Provide a description of the system analysis activities conducted to support changing the SiMR.

As reported in the FFY 2020 SPP/APR, we began the transition from the FFY 2021 SiMR to the proposed FFY 2022 SiMR. The NHED Administration made the decision to transition the work of the SSIP (Pyramid Model Framework - PMF) from the Bureau of Special Education Support to the Office of Social and Emotional Wellness (OSEW). OSEW currently has a professional development (PD) structure established to support high fidelity implementation of NH's MTSS-B in school districts across the State and the Pyramid Model Framework aligns with this work. This established PD structure will serve the sustainability of the PMF work well. With the realignment of the PMF work to OSEW, this provided us with an opportunity to rethink the SSIP and the SiMR focus.

In addition to transitioning the PMF work to OSEW, the NHED has recently made some infrastructure improvements in the organization of the Bureau of Special Education Support. The State Director of Special Education and the Division Director of Learner Support at the NHED have added three Administrators to the organization of the Bureau to provide additional leadership and support to implement a variety of initiatives. The additional leadership allows for greater oversight of the various initiatives to ensure the work is supported and resources are assigned as needed. The Administrator of the Office of Special Programs will provide this level of oversight and resource allocation to support the SSIP and will collaborate with the Administrators of the Office of Finance and Data Management and the Office of Special Education Training and Monitoring to inform our work. The newly formed administrative team along with SSIP Management Team members conducted a systems analysis of the Bureau's initiatives and their alignment to other statewide initiatives to establish a priority area for improvement. The result of the systems analysis conducted by NHED's administrative team supported the change in focus of the SSIP and SiMR for FFY 2021 to literacy. The analysis included:

1. A review of the SPP/APR indicators and the supports in place to help districts improve their indicator data which identified a gap in supports for students with disabilities related to reading proficiency.
2. A review of the national data for reading proficiency in comparison to NH's data identifying a downward trend in NH's scores.
3. A review of all stakeholder feedback from sessions related to the evaluation of the State's efforts to implement the requirements and purposes of the IDEA and their ideas on how the State might improve implementation. Sessions had stakeholder representation from the Parent Information Center, NH school districts, the New Hampshire Association of Special Education Administrators, the New Hampshire School Board Association the New Hampshire Association of School Administrators, the State Advisory Council and parents of students with disabilities.
4. A review of current literacy initiatives in New Hampshire. Those initiatives include:
  - NHED is currently conducting a review in Higher Education "Best Practices: Preparing Excellent Reading Teachers." The purpose of this work is to ensure that the State requires evidence-based high quality content standards for the teaching of reading, to identify and disseminate educator preparation program best practices in meeting standards, and to analyze related outcomes impacting New Hampshire's teacher workforce and students.
  - NH's Statewide Reading Campaign – Leaning into Literacy is designed to promote the love of reading among NH youth, as well as strong literacy skills, reading proficiency and the importance of becoming life-long readers. NHED has partnered with Gud Marketing to launch a literacy campaign that will include advertising, marketing, and social media efforts, as well as a video series that offers a light-hearted and fun approach to reading.
  - NHED is investing in high quality PD available for all NH early childhood educators, elementary educators and administrators focused on the science of reading using the LETRS professional development program with the goal of helping students become highly capable readers. The training covers the five essential components of reading as recommended by the National Reading Panel: phonemic awareness, phonics, vocabulary, reading fluency, and reading comprehension. Families are invited to participate in the trainings as well.
  - NHED is in the process of reviewing the State Literacy Plan (developed in 2007) and considering a revision of the plan to ensure alignment with current state literacy initiatives.
  - In the Fall of 2021, the State's Advisory Council on Special Education selected reading proficiency as one of their priority areas. Council members were concerned about the gap between regular education and special education students and there was a general concern about reading for students with disabilities and how to evaluate reading proficiency.
  - There is currently a new bill being proposed in the NH legislature focused on reading assessment and intervention. If passed, this bill would create a reading assessment program in the NHED, require assessments of kindergarten through 3rd grade students for reading deficiencies, and establish a reading improvement grant replacing the portion of the adequate education grant based on nonproficient pupil reading.

#### Please list the data source(s) used to support the change of the SiMR.

As a result of NHED's decision to change its SSIP focus and SiMR as noted in our FFY 2020 SPP/APR, we have identified a new FFY 2022 SiMR and the data sources that will support the FFY 2022 SiMR include – Indicator 3B, LETRS data, National Trends, NH's Statewide Assessment System (SAS), Stakeholder feedback.

#### Provide a description of how the State analyzed data to reach the decision to change the SiMR.

The administrative team along with SSIP Management Team members conducted a systems analysis to support the change in our SiMR. That analysis included an in-depth review of all indicators including an examination of the supports that are already in place to provide districts with appropriate resources and supports to improve their practice. The team identified all indicators that met targets as well as those that did not. For those indicators that

did not meet targets, the team reviewed current initiatives to determine if more supports for districts were needed and determined that there were existing supports in place. For indicator 3B, in last year's SPP the Bureau determined that with the change in the reporting of this Indicator, the targets should start with the baseline data for each grade. This resulted in lowering the target for some grade levels. This change aligned the targets with the data to ensure a more attainable target at each grade level. While indicator 3B data met the target this year, the target remained the same as last year. After this year, the target will increase 2% each year. To provide for a gradual change for districts. This results in improving reading proficiency by 10% by FFY 2026. To achieve this goal, the Team agreed LEA's will need additional supports in place and the new SSIP Implementation Plan will address this need.

The team then reviewed feedback from various stakeholder sessions. Feedback from stakeholders aligned with this analysis and supported the Department to focus efforts on improving reading proficiency for students with disabilities. Additionally, stakeholders expressed a concern that the only measurement tool NH uses to collect data on reading proficiency is the statewide assessment system (NH SAS) which many students with disabilities find extremely frustrating to take and per NH law, students can opt out of taking this assessment which impacts our data and its representativeness. The Team also did a comparison of NH's data for reading proficiency and the national data. NH is among few states testing above the national average, but the data is backsliding, a continuing trend seen over the last nine years. The most concerning is since the pandemic, the data is showing an increasing disparity among students in NH; students performing in the bottom 10% are the students that showed the greatest learning loss in the assessment results.

A review of current literacy initiatives in NH was then completed by the team to identify the potential alignment of a new literacy focused SiMR and current State initiatives. As mentioned previously, NHED had launched a variety of initiatives focused on promoting early language and literacy skills. Most notable is the initiative under the direction of NH's Commissioner of Education to provide free professional development in the science of reading (LETRS) for anyone in the State working with children. Registration data shows that nearly 1500 registrants signed up for the first offering of the training in Fall 2022 with an additional offering accepting registrations now and a third offering to open in the Fall of 2023. Of the nearly 1500 registrants, there are a variety of roles represented including administrators (105), elementary regular educators (493) & special educators (286), preschool educators (34), family members (352), community members (18), and instructional coaches (21). As a result of the data analysis, the Team came to the conclusion improving reading proficiency for students with disabilities would be the proposed focus of the FFY 2022 SiMR.

**Please describe the role of stakeholders in the decision to change the SiMR.**

Several stakeholder meetings have been held to inform the decision to change the SiMR. Feedback from all stakeholder meetings align with the conclusions drawn from the data analysis conducted by the administrative team. The following stakeholder sessions and the feedback collected during each session supported the change:

1. NHs Parent Information Center has collected and shared feedback with the NHED from families that have contacted them directly expressing high interest in the need to address reading proficiency for students with disabilities. Families of students with disabilities and families of students with dyslexia are extremely concerned that the current literacy practices used in their child's schools are not meeting the needs of their children. This feedback from families has directly informed the change in the SiMR.
2. NHED provided an informative presentation outlining the proposed SiMR and SSIP to NH SPED Directors and allowed Directors to share their input. SPED Directors were asked to share what their districts were doing to improve reading proficiency, how regular and special educators work collaboratively to improve reading proficiency and what supports would they most need to help improve reading proficiency rates in their district. That meeting was followed by a survey to SPED Directors to request specific information about what core and intervention K-4 reading programs they were using, what universal screeners and progress monitoring tools they were using and what PD they were offering to support their practitioners in improving reading proficiency.
3. NHED provided an informative presentation outlining the proposed SiMR and SSIP for NH's SPED State Advisory Council (SAC). It was also an opportunity to address the SAC to collect their input on the proposed SiMR and additional information on why they chose reading proficiency as a priority area. Feedback shared included that there was general concern about students with disabilities and reading and that in addition, there was concern about the gap between special and regular education students. Lastly, they noted that there was interest in understanding how to evaluate reading for students with disabilities. In addition, NHED posed the question to SAC members about how they envisioned this work looking at the state-level and community-level.
4. NHED provided an informative presentation outlining the proposed SiMR and SSIP for NH Families. Invitations to attend this presentation were sent out by the NH Parent Information Center. A total of 89 families were invited to attend. This included families who represent: all regions of the state, including rural communities, low socio-economic, single parent households, father/single fathers, kinship, adoptive and foster, culturally diversity and ESL. Families were asked for input on what they see happening in their community and schools to improve reading proficiency, how their schools engage families in improving reading proficiency, and what supports and resources the State could provide to support reading proficiency. Families noted the importance of teacher preparation in how children learn to read and best practices to support early language and literacy skills and suggested teacher training in the science of reading to better support NH educators.

**Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

FFY 2021 SiMR – Interested districts that have participated in the SSIP in the past were provided the opportunity to continue State support by applying to be part of the current OSEW PMF pilot. In anticipation of the transition of the work from the Bureau of SPED to OSEW, we spent that last year shoring up infrastructure to support the transition for these districts and planning for the onboarding of new districts as resources allow.

Proposed FFY 2022 SiMR - We will be using a cohort model as we focus on our FFY 2022 SiMR. Cohort One will serve up to eight (8) implementation sites (schools within districts) serving all K-4 students including students with disabilities and will receive two (2) years of coaching and training for all K-4 staff. In the second year of implementation, coaching for staff will be provided by an Internal Site Coach with a gradual release of supports from the State identified external coach. The goal is to bring on a second Cohort of up to eight (8) implementation sites serving K-4 students in Year three (3). Cohort Two (2) will follow the same pattern of coaching and training. For additional information on the Implementation Plan, please use this link: <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-implementation-plan.pdf>

**Is the State's theory of action new or revised since the previous submission? (yes/no)**

YES

**Please provide a description of the changes and updates to the theory of action.**

As a result of a complete change in SiMR, a newly proposed Theory of Action was developed for FFY 2022. This new Theory of Action is aimed at improving reading instruction for all K-4 students including students with disabilities. This Theory of Action incorporates four strategy strands (Effective Collaboration, Implementing Instructional Practices and Interventions, Family Partnerships and Accountability) with corresponding State and LEA level activities.

**Please provide a link to the current theory of action.**

FFY 2021 Theory of Action: [https://drive.google.com/file/d/1dZQ-xi3glC95symchFE9wvDNw1g\\_IMZO/view](https://drive.google.com/file/d/1dZQ-xi3glC95symchFE9wvDNw1g_IMZO/view)

Proposed FFY 2022 Theory of Action: <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-theory-of-action.pdf>

**Progress toward the SiMR**

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

**Historical Data**

Baseline Year	Baseline Data
13	71.13%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>= =	80.00%	80.00%	80.50%	80.50%	81.00%

**FFY 2021 SPP/APR Data**

Indicator 7a1 – sum of progress categories C & D (for participating districts)	Indicator 7a1 – sum of progress categories A, B, C & D (for participating districts)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
110	154	71.59%	80.00%	71.43%	Did not meet target	No Slippage

**Provide the data source for the FFY 2021 data.**

The FFY 2021 SiMR reflects Indicator 7a1 data for the subset of districts participating in the SSIP. New Hampshire requires districts to use one of the two approved assessment tools My Teaching Strategies (TS Gold) and Brookes Publishing (AEPSi) for the collection of the data.

**Please describe how data are collected and analyzed for the SiMR.**

FFY 2021 SiMR: The SiMR reflects Indicator 7a1 data from Preschool Outcomes of the Office of Special Education Programs child that are reported to the NHDOE for the subset of districts participating in the SSIP. Outcome 7A is Positive Social Emotional Skills (including social relationships.) This information is gathered via electronic data systems for the My Teaching Strategies (TS Gold) and AEPSi assessment tools and reflects changes in child growth trajectory from entry into preschool special education (within six weeks of services) and upon exit from preschool special education.  
 Proposed FFY 2022 SiMR: The SiMR reflects Indicator 3B, the proficiency rate for children with IEPs against grade-level academic standards. The data for the FFY 2022 SiMR is captured through the NH Statewide Assessment System. The indicator 3B data we will be using will be for participating implementation sites. This is calculated by the number of children with IEPs scoring at or above proficient against grade level academic achievement standards divided by the total number of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment.

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

**Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State’s current evaluation plan.**

FFY 2021 Evaluation Plan: [https://drive.google.com/file/d/1LmMu\\_wYxeV1NO-utlRMMu0yDWBMllkmo/view](https://drive.google.com/file/d/1LmMu_wYxeV1NO-utlRMMu0yDWBMllkmo/view)

Proposed FFY 2022 Evaluation Plan: <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-evaluation-plan.pdf>

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**



YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

As a result of a complete change in SiMR, a newly proposed Evaluation Plan was developed. The Evaluation Plan incorporates four goal areas aligned with our four strategy strands (Effective Collaboration, Implementing Instructional Practices and Interventions, Family Partnerships and Accountability). Under each goal area, there are corresponding performance indicators matched to data collections tools/methods and a corresponding timeframe for each.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

Please refer to Section A for an explanation of changes made to our FFY 2021 SiMR which in turn impact changes made to our evaluation plan. As a result of guidance received from our OSEP Lead, we are providing a draft of our FFY 2022 Evaluation Plan and expect to refine our plan as we move into the implementation phase of the SSIP beginning in January 2023. (NH's SSIP Management Team has focused this past year on conducting Phase I & II of the SSIP work as we transitioned from our FFY 2021 SiMR to our proposed FFY 2022 SiMR.) In addition, we will be bringing on an evaluator to support our SSIP work and anticipate modifying and adjusting our evaluation plan based on their guidance and expertise.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period:**

FFY 2021 SiMR: Please refer to Section A for an explanation of changes made to our FFY 2021 SiMR which in turn impact our ability to report on our infrastructure improvement strategy implemented in the reporting period. We are no longer implementing the infrastructure improvement strategies associated with our FFY 2021 SiMR and instead, have spent that past year focusing on our proposed FFY 2022 SiMR.

Proposed FFY 2022 SiMR: With the complete change of focus to our FFY 2021 SiMR, we have spent the last year in SSIP Phase I & II focused on our FFY 2022 SiMR. We have spent a great deal of time conducting an analysis of data as well as an analysis of our infrastructure and as a result, identified a potential focus for improvement with input from various stakeholders. We conducted a root cause analysis to identify contributing factors, identified barriers for improvement and narrowed and defined our focus for improvement. We then moved into exploration where we identified evidence-based strategies for improvement, developed action steps, developed our Theory of Action and Logic Model and most recently focused on developing our implementation plan for improvement. We now find ourselves ready to implement and adjust our plan as needed while we evaluate our progress on an ongoing basis. As a result, we have not implemented improvement strategies in this reporting period but plan to begin doing so in the coming months. For additional information on the Implementation Plan, please use this link: <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-implementation-plan.pdf>

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

FFY 2021 SiMR - Please refer to Section A for an explanation of changes made to our SiMR which in turn impact our ability to report on short-term or intermediate outcomes related to our FFY 2021 SiMR. The Bureau of Special Education is no longer implementing the infrastructure improvement strategies associated with our FFY 2021 SiMR and instead, have spent the past year focusing on our proposed FFY 2022 SiMR.

We did however leverage funds from our State Personnel Development Grant (SPDG) by requesting a No Cost Extension to use unspent funds to support the transition of our PMF work from the Bureau of Special Education to the OSEW. That support included engaging OSEW Regional Consultants in training and coaching in the PMF and in a model of systems coaching to help them support implementation long-term. OSEW's lead Regional Consultant has also joined NH's Pyramid Model State Leadership Team and two of its four workgroups to ensure alignment of the work at the district level with the work happening in various early childhood settings. One area of focus for the workgroups has been a change to the data system used to support implementation. OSEW's Lead Consultant has been involved in the conversations to change data systems from the old system that was used (iSocial Data System) to a more current, national data system (Pyramid Model Implementation Data System – PIDS) to ensure implementation sites have a system that will support their needs. In addition, the SPDG funds have helped to support a pilot of PMF implementation. OSEW was able to offer an opportunity for up to five (5) districts (including past SSIP implementation districts) to participate in this pilot and the pilot will run through June 2023.

Proposed FFY 2022 SiMR - With the change in SiMR, we have spent the past year focused on Phase I & II SSIP activities with implementation of each infrastructure improvement strategy to begin in FFY 2022. Having said that, we can report on a few implementation activities that have taken place during the reporting period that support the development of our system.

**Implement Instructional Practices & Interventions:**

1. We have hired an SSIP Coordinator responsible for the oversight of the SSIP work to include 1) Facilitation of the SSIP Management Team, 2) Facilitation of the SSIP State Leadership Team, 3) Vendor oversight & contract management, 4) Management of the professional development system, 5) Collaboration with the NHED SPED Literacy Coach, 6) Coordination and communication with implementation sites, and 7) Oversight of federal reporting requirements.
2. We have established and convened weekly meetings of the SSIP Management Team which is a cross-functional team comprised of members of the NHED and its partners directly connected to the work of the SSIP. The team includes the Administrator for the Bureau of Special Education, the Administrator of the Office of Special Programs with the Bureau of Special Education, the SSIP Coordinator, the NHED SPED Literacy Coach (to be hired), NHED's Literacy Education Consultant, Education Consultants from the Bureau of Special Education with expertise in monitoring as well as accessibility and assistive technology, The Bureau of Special Education's Data Coordinator, the SSIP Evaluator (RFP drafted for this work and to be posted Feb 2023), and the Executive Director of NH's Parent Information Center. Responsibilities of this team include guiding the work of the SSIP to ensure the effective coordination and administration of the implementation plan, using implementation data to inform decision making, troubleshooting implementation barriers, and planning for sustainability.
3. The State's Leaning Into Literacy initiative has launched literacy instruction training in partnership with Lexia Learning System (LETRS – Language Essentials for Teachers of Reading and Spelling). Registration data shows that nearly 1500 registrants signed up for the first offering of the training in Fall 2022 with an additional offering accepting registrations now and a third offering to open in the Fall of 2023. Of the nearly 1500 registrants, there are a variety of roles represented including administrators (105), elementary regular educators (493) & special educators (286), preschool educators (34), family members (352), community members (18), and instructional coaches (21).

We needed these infrastructure improvements in place before convening the SSIP State Leadership Team which will serve as one group of stakeholders advising the implementation of the SSIP. This Team will convene in March of 2023. The Evaluator will provide bi-annual updates to the Team on the progress of implementation leading to achievement of the SIMR.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

During the next reporting period, we anticipate making significant headway in each of our infrastructure improvement strategy areas as we move into implementation. Our Implementation Plan highlights all activities with corresponding timeframes. This plan will provide next steps for each infrastructure improvement strategy. To view the plan in its entirety, please use this link: <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-implementation-plan.pdf>

Below you will see our anticipated outcomes to be attained during the next reporting period for each infrastructure improvement strategy.

**Effective Collaboration** – Our goal for this infrastructure improvement strategy is for the State and LEAs to sustain collaborative efforts to support effective reading instruction for NH educators and students. In the next reporting period, we anticipate the following outcomes:

- SSIP State Leadership Team established and meeting bi-monthly. To support sustainable change in our system, it will be critical to engage the various roles and levels of the system. The SSIP State Leadership Team will serve in an advisory role and will ensure that all key stakeholders are represented and participating meaningfully in the implementation and sustainability of the SSIP.

Please use this link to access the SSIP organization chart that outlines membership of the SSIP State Leadership Team:

<https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-organization-chart.pdf> .

- All implementation sites will establish Implementation Site Leadership Teams that meet on at least a bi-weekly basis and will be tasked with establishing roles & responsibilities, and policies & procedures for their own Implementation Site Leadership Team to support the implementation and sustainability of effective reading instruction.

- The SSIP Learning Collaborative will have met in the Fall of 2023 providing opportunities for peers and experts to come together to learn from each other, discuss implementation challenges and successes and support practice change.

- Ongoing alignment with NH's literacy initiatives:

- o Implementation Sites will participate in the LETRS professional development series beginning in the fall of 2023

- o The statewide reading campaign will promote communication of the literacy initiatives in the state ensuring families are informed and invited to engage in our work.

- o The SSIP Management will have representation on the State's Council for Thriving Children Early Childhood Integration Team to ensure communication and collaboration in related initiatives.

**Implementation of Instructional Practices & Interventions** – Our goal for this infrastructure improvement strategy is for students with disabilities to receive access to effective reading instruction & interventions designed to engage and meet their individualized needs in the LRE. In the next reporting period, we anticipate the following outcomes:

**Implementation site selection**

- Up to eight (8) implementation sites will be selected. The SSIP Management Team will establish criteria for implementation site selection by March 2023.

- Implementation sites will identify their internal site coach that will be mentored by the NHED's Special Education (SPED) Literacy Coach over the course of two years, to build their capacity to support and sustain implementation.

- Implementation Site Leadership Teams will meet bi-weekly and will identify practitioners participating in training and coaching on effective reading instruction.

**Selection of Universal Screener**

- Universal screener will be selected, and vendor contracted

- Implementation sites will be trained in implementation of screener

**Coaching**

- NHED SPED Literacy Coach will be hired

- NHED SPED Literacy Coach will:

- o Support Implementation Site Leadership Teams

- o Mentor implementation site coaches

- o Provide instructional coaching for implementing practitioners

- o Provide a professional learning community to support all internal site coaches

- SSIP Management Team will receive coaching and training with NCSI's Jennifer Pierce to develop NH's coaching model framework

- NHED SPED Literacy Coach will provide training on NH's coaching model framework for internal site coaches and practitioners

- NHED SPED Literacy Coach will be matched with implementing practitioners and begin coaching cycle.

**Training**

- LETRS training to all staff in participating implementation sites will begin in Fall 2023

- Bureau website resource page(s) to begin housing SSIP-related tools & resources.

- Bureau Canvas PD platform to begin housing library of related trainings

**Family Engagement** - Our goal for this infrastructure improvement strategy is for families to be more equipped, empowered and engaged partners in the literacy development of their children. In the next reporting period, we anticipate the following outcomes:

- Family representative serving on SSIP State Leadership Team and receiving support from NH Parent Information Center (PIC).

- Family representatives serving on Implementation Site Leadership Teams and receiving support from NH PIC.

- Implementation Sites will offer information session to families to support their understanding of their child's literacy progress.

- Implementation sites will provide learning at home activities for families to support the literacy development of their child

- Implementation sites will develop a family communication plan with support from NH PIC.

- NHED will contract with the NH PIC to support our efforts to equip and empower families to be engaged partners in their child's literacy development.

**Accountability** - Our goal for this infrastructure improvement strategy is for implementation sites to sustain the implementation of the universal screener & use data to improve reading instruction for all students, including students with disabilities. In the next reporting period, we anticipate the following outcomes:

- The SSIP Evaluator will be hired

- Universal screener will be selected, and vendor contracted

- Trainings on implementing the screener will be provided to all implementation sites

- Implementation sites implement the screener in the Fall of 2023 for the first time

- Implementation Sites will identify their reading proficiency targets
- Implementation Sites will participate in trainings on data-based decision making

**List the selected evidence-based practices implement in the reporting period:**

FFY 2021 SiMR: The Pyramid Model

Implementation has not begun for the proposed FFY 2022 SiMR.

**Provide a summary of each evidence-based practices.**

FFY 2021 SiMR:

The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development. It was developed by two national, federally-funded research and training centers: The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Youth Children (TACSEI) whose faculty represent nationally recognized researchers and program developers in the areas of social skills and challenging behavior.

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003) was developed by identifying the evidence-based practices that would:

- Promote the social and emotional outcomes of all children,
- Promote the skill development of children with social, emotional, and behavioral delays to prevent the need for more intensive supports; and
- Intervene effectively when children have persistent challenging behavior.

Proposed FFY 2022 SiMR:

See description of each evidence-based practice below in the box that addresses next steps.

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child outcomes.**

FFY 2021 SiMR:

The Pyramid Model builds upon a tiered public health approach to providing universal supports to all children to promote wellness, targeted services to those who need more support, and intensive services to those who need them. It embeds strategies for promoting social skills and emotional development; classroom practices that are designed to prevent challenging behavior; positive parenting practices that promote young children’s social and emotional development and prevent and remediate challenging behavior; individualized intervention for use when preventive strategies are not successful; and policy, procedural practices, and administrative practices that support the adoption and use of evidence-based practices.

The foundation for all of the practices in the Pyramid Model are the systems and policies necessary to ensure a workforce able to adopt and sustain implementation of these evidence-based practices. By focusing on these systems and policies, districts are able to create an environment and support structure that empowers and enables practitioners to create robust and effective learning environments that promote social emotional and behavioral competence.

Tier 1 of the Pyramid Model consists of Universal Supports that provide nurturing and responsive relationships, high quality and the promotion of the social development of all children.

Tier 2 of the Pyramid Model is aimed at Prevention. These practices utilize targeted social emotional strategies to prevent problems. The prevention level includes the provision of targeted supports to children at risk of challenging behavior, including explicit instruction and support for self-regulation, expressing and understanding emotions, developing social relationships and problem-solving.

Tier 3 of the Pyramid Model addresses Intervention and is comprised of individualized and intensive supports for the very small number of children with persistent challenges. These interventions are family centered, comprehensive and assessment-based and are aimed at building the skills and competence needed to effectively manage emotions, behaviors, and social interactions.

These tiered supports help practitioners and families understand and better support each child’s unique development and support his or her social emotional growth trajectory reflected in the SiMR.

Proposed FFY 2022 SiMR:

See description of each evidence-based practice below in the box that addresses next steps.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

FFY 2021 SiMR:

State activities

State Action Plan Progress Report: State Leadership Team Action Plan has grown substantially toward Data & Evaluation, Prof Dev & Guidance, and Leadership/Policy activities. In Fall 2021, the SLT identified that of the action steps in their state-level plan, 88% were either completed or progressing as expected, and 12% progressing slower than expected, a pattern that was similar across all infrastructure components

Stages of Implementation Checklist (SIC): The SIC is a self-assessment of state-level implementation benchmarks needed to implement and sustain Pyramid Model practices. Completed annually by the State Leadership Team, results have showed steady progress toward high fidelity implementation of the PM from 2017 to 2020, followed by some retrenchment in 2021 as transitions in PM implementation bring expansion as well as new challenges. As of Fall 2021, 48% of the 109 SIC indicators Fully in Place; 50% Partially in Place; 2% Not in Place.

iSocial Training Feedback Survey: feedback iSocial delivered 36 training events with 1688 participants in the current reporting year. Participant feedback was available for 24 of these events, from 125 of 312 attendees (40%). Respondents rated presentation quality between 4 and 5 on a 5-point scale, knowledge gains of one full point on a 4-point scale, and a high degree of overall satisfaction.

District/Implementation Site activities

Site Action Plans: Due to COVID disruptions only one of the two , districts continuing to receive state fiscal supports submitted an SSIP district submitted an Action Plans Progress Report. Based on this report, 90% of action steps completed or progressing as expected, the remaining 10% not yet started or progressing slower than expected.

Program Wide Benchmarks of Quality (BOQ): Both SSIP sites showed slight regression in markers of PM fidelity from 2020 to 2021. All 7 elements remain rated between “Partially in Place” and “Fully in Place” in Fall 2021.

Barriers to implementation were assessed as part of both Action Planning and the Leadership Team Reflection and Planning Tool. Both sites were able

document implementation successes, with COVID-related closures prominent among their barriers.

Practitioner activities

As described above, aggregate Teaching Pyramid Observation Tool (TPOT) data is not yet available for the current reporting year.

Proposed FFY 2022 SiMR;

Data collection has not begun and will be reported on once implementation begins.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

FFY 2021 SiMR:

Program Fidelity Measures

The Pyramid Model (PM) is the evidence-based practice that drives iSocial. Because research supports the efficacy of the PM in supporting children's social-emotional development, measures of PM fidelity are expected to predict progress toward the SiMR. NH measures PM fidelity at the site level with the Program-Wide Benchmarks of Quality, and at the Practitioner level with the Teaching Pyramid Observation Tool (TPOT). The two SSIP districts that remained fully engaged with the State during the reporting year showed steadily improving trends in the BOQ until the pandemic struck, followed by slight decrements in 5 of 7 elements in Fall of 2021; we attribute this slight reversal to pandemic disruptions.

TPOTs were suspended in Spring of 2020 due to pandemic related closures, and administered sporadically and via remote (non-standard) observation through the ensuing year. This non-standard administration was implemented with the consent by the tool authors. Our evaluator compared patterns in the TPOT data collected remotely during the pandemic, to that collected previously under standard administrations, and did not find any evidence of anomalies related to remote observation and scoring of the tool. This analysis led us to regard the data as meaningful, if not fully comparable to standard administrations. While our remaining SSIP sites had resumed standard TPOT administration and scoring protocols in Fall 2021, revisions to the State's database produced irregularities in data uploads this Fall that we are still working to resolve; we are unable to report TPOT results for our SSIP sites at this time.

Pyramid Model Related Training

During the current reporting period, iSocial continued to deliver expanded access to PM and data infrastructure training opportunities through synchronous and asynchronous online delivery models, often at no cost to participants. In addition to twenty-nine training events offered by NH trainers, the NH DOE was able to offer free access to seven online PM trainings. The NH events were delivered to 312 participants, whose feedback surveys (40% response rate) informed evolution of the training program. The additional online PM trainings were completed by 1376 participants through October of 2021.

Behavioral Incident Report (BIR)

The iSocial Evaluation Coordinator, PM Consortium, and Race2K (the iSocial lead for Process Coaches) developed a roll-out plan for programs to begin collecting BIR. The BIR System provides a system for programs to collect and analyze behavior incidents in their program. The system provides a mechanism for gathering information on elements related to behavior incidents that can be used make decisions about providing supports to teachers and children within their programs.

Proposed FFY 2022 SiMR;

Data collection has not begun and will be reported on once implementation begins.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

Proposed FFY 2022 SiMR: Evidence-based strategies will include LETRS (Language Essentials for Teachers of Reading and Spelling) and NCSI's Effective Coaching of Teachers Practices.

Evidence-based Practices:

LETRS (Language Essentials for Teachers of Reading and Spelling)

LETRS provides professional development for teachers needed to acquire deep knowledge of language and literacy development, to be effective in helping students become highly capable readers. LETRS provides a systematic process to educate teachers about the science of reading, the development of oral and written language, and how to incorporate knowledge of language into effective reading instruction. Throughout the LETRS course of study, teachers are exposed to evidence-based research on reading and explore systems of oral and written language that are critical to literacy development:

• Phonology • Orthography • Morphology • Semantics • Syntax • Discourse • Pragmatics

One of the fundamental ideas in LETRS is that language processing underlies reading and writing, and students' difficulties with reading and writing are most effectively addressed if the structures and functions of language are taught directly.

LETRS is a comprehensive course of study that helps translate the body of language and literacy research into effective classroom practice. It covers the five essential components of reading as recommended by the National Reading Panel: phonemic awareness, phonics, vocabulary, reading fluency, and reading comprehension. In addition, LETRS addresses oral language, spelling, and writing; helps teachers understand how language, reading, and writing are related to each other; and presents the strategies that are most helpful in improving reading outcomes. (White paper - The Need for Research-based Literacy Professional Development, Voyager Sopris Learning - [https://www.voyagersopris.com/docs/default-source/professional-development/letrs/white-paper\\_letrs-the-need-for-research-based-literacy-professional-development.pdf?Status=Master&sfvrsn=c65448f8\\_2#:~:text=LETRS%20has%20been%20designed%20to,have%20proven%20themselves%20over%20time%20](https://www.voyagersopris.com/docs/default-source/professional-development/letrs/white-paper_letrs-the-need-for-research-based-literacy-professional-development.pdf?Status=Master&sfvrsn=c65448f8_2#:~:text=LETRS%20has%20been%20designed%20to,have%20proven%20themselves%20over%20time%20)) The combination of LETRS professional development and coaching supports is intended to enhance practitioner practices that will in turn lead to improving reading proficiency for students with disabilities.

NCSI Effective Coaching of Teachers Practices

Experimental and qualitative research supports the idea that several specific coaching practices are linked to improved teacher practice. In fact, these coaching practices can be effective in the early childhood setting (Snyder et al., 2015; Winton et al., 2015) as well as in the K-grade 12 classroom (Biancarosa, Bryk, & Dexter, 2010; Kretlow & Bartholomew, 2010; Neuman & Cunningham, 2009; Wehby, Maggin, Partin & Robertson, 2012). Coaching practices with the strongest evidence for improving teacher practice and learner outcomes include the following:

- Observation
- Modeling (also referred to as "demonstration")
- Performance feedback
- Alliance-building Strategies also referred to as "relationship-building strategies"

It is important to note that as originally founded by Joyce and Showers (1982), these coaching practices typically occur after teachers participate in didactic instruction (e.g., workshops, institutes, trainings) to ensure content is applied to the learning environment.

The goals of coaching remain focused on two areas: 1. Improving teacher practice, with a particular emphasis on increasing the use of practices shown to be highly effective, including evidence-based practices (Knight, 2009; Kretlow & Bartholomew, 2010; Neufeld & Roper, 2003; Snyder et al., 2015) 2. Improving learner academic and behavioral outcomes through improved teaching practices (Bean, Knaub, & Swan, 2000; Joyce & Showers, 2002; Kretlow & Bartholomew, 2010; Snyder et al., 2015).

(Source: Effective Coaching: Improving Teacher Practice & Outcomes for All Learners brief created by Jennifer D. Pierce, AIR with input provided by Virginia Buysee, AIR)

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

As a result of our change in SiMR, we have developed an implementation plan aligned with our proposed FFY 2022 SiMR complete with all activities, strategies and corresponding timelines. Please review the implementation plan using this link:

<https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/nh-part-b-ssip-indicator-17-implementation-plan.pdf>

The rationale or justification for changes made have been explained in section A. In addition, it is important to note that each school will be setting their reading proficiency targets based on their state assessment data from 2021 (NH SAS) with the goal of increasing their indicator 3B data by 10% in the year 2025.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Proposed FFY 2022 SiMR – Several stakeholder meetings have been held to inform the decision to change the SiMR. Feedback from all stakeholder meetings align with the conclusions drawn from the data analysis conducted by the administrative team. The following stakeholder sessions and the feedback collected during each session supported the change:

A series of stakeholder sessions were offered in the summer of 2021 to seek stakeholder input to set new targets for the FFY 2020 – 2025 SPP/APR. The Stakeholders would also work with the Bureau to assist NH in evaluating the state's efforts to implement the requirements and purposes of the IDEA and describe how the state could improve its implementation. Sessions had broad stakeholder representation from: the Parent Information Center, NH school districts, parents, New Hampshire Association of Special Education Administrators, the New Hampshire School Board Association the New Hampshire Association of School Administrators, and the State Advisory Council. Stakeholders expressed that in working with previous targets we would potentially be setting districts and in turn the state up for failure. This led to the decision to lower the target for years 2020 and 2021 year to align with the baseline data for each grade, and then increase the target by 2% each year thereafter. It was also determined supports were needed to improve data at the district level to improve statewide.

### **Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

The decision to change the SiMR was first considered during the series of stakeholder sessions offered in the Summer of 2021. The purpose of these stakeholder meetings was to gather input to set new targets for the FFY 2020 – 2025 SPP/APR, including Indicator 17: State Systemic Improvement Plan (SSIP). These meetings were offered virtually via Zoom.

Additionally, leadership including the Governor of NH, Commissioner, and State Advisory Council all had identified improving reading proficiency for all students as a priority for the state. As addressed in Section A there were many initiatives being launched by NHED to address the priority. The NHED formed a SSIP Management Team to assist the Bureau with development of Phase One and two of the SSIP. This group was comprised of experts within and outside of the Bureau that could provide a diverse perspective needed to plan and develop the SSIP. This group will remain in place to provide their expertise and feedback during the implementation of the plan.

The first task of the SSIP Management Team was to prepare a plan to gather input from a diverse group of stakeholders to further inform Phase 1 and Phase 2 of the implementation plan. This was done through a variety of different modalities to diversify and collect as much data possible. Strategies utilized but not limited to the following: surveys, listening sessions, individual talks with families, presentations, and in-person stakeholder meetings. The SSIP Management Team prepared presentations to deliver to NH Special Education Directors, NH SAC and families to gather further input on the development of the SSIP. After the presentation, there were opportunities for the stakeholders to ask questions or write comments in the chat. Additionally, a survey was made available to all participants and allowed them to confidentially share feedback and comments. Items on the survey included additional feedback they want to provide on how to contribute to supporting the SSIP goal to increase the reading performance of all fourth-grade students with disabilities. The presentations were individualized to the audience it was presented to. To accommodate a greater number of stakeholders the meetings were offered virtually and for families after hours. In addition, the Parent Information Center collected information from families through conversations and inquiries to improve literacy instruction for students with disabilities.

### **Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

### **Describe how the State addressed the concerns expressed by stakeholders.**

Concerns addressed by stakeholders were considered at all phases in developing phase I and II of the FFY 2022 SSIP and SiMR. There were similar themes expressed by stakeholders in all the presentations conducted. Both educator and families were excited about NHED investing in high quality professional development available for all NH early childhood educators, elementary educators and administrators focused on the science of reading using the LETRS professional development program with the goal of helping students become highly capable readers. The concern was the lack of supports available to implement LETRS into practice. Additionally, both educators and families identified that the statewide assessment system (NH SAS) is the only measurement tool in place to monitor statewide progress. Many students with disabilities find the test extremely frustrating to take and per NH law, students can opt out of taking this assessment which impacts our data and its representativeness. Families specifically highlighted schools are lacking in communicating with families the language and literacy progress of their child. Families would like to be informed of their child's progress monitoring data; the specific intervention their child receives and how it addresses reading skills, so they can support their child at home.

The State addressed the concerns expressed by stakeholders by developing an implementation plan that addresses four key areas of infrastructure improvement strategies. The four areas are the following:

- Effective Collaboration – Our goal for this infrastructure improvement strategy is for the State and LEAs to sustain collaborative efforts to support effective reading instruction for NH educators and students.
- Implementation of Instructional Practices & Interventions – Our goal for this infrastructure improvement strategy is for students with disabilities to receive access to effective reading instruction & interventions designed to engage and meet their individualized needs in the LRE.
- Family Engagement - Our goal for this infrastructure improvement strategy is for families to be more equipped, empowered and engaged partners in the literacy development of their children.

• Accountability - Our goal for this infrastructure improvement strategy is for implementation sites to sustain the implementation of the universal screener & use data to improve reading instruction for all students, including students with disabilities  
Please reference Section B for more information on our next steps of infrastructure improvement strategies and the anticipated outcomes to be attained.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

N/A

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

N/A

**Describe any newly identified barriers and include steps to address these barriers.**

N/A

**Provide additional information about this indicator (optional).**

We recognize that we haven't identified a baseline for the FFY 2022 SiMR in this report. We will establish baseline data and targets through FFY 2025 for the state once the implementation sites are selected using the indicator 3B data. The baseline data will improve by 10% in FFY 2025 to meet our SiMR. We expect to have sites selected by June 2023.

**17 - Prior FFY Required Actions**

The State did not provide numerator and denominator descriptions in the FFY 2020 data table. The State must provide the required numerator and denominator descriptions for the FFY 2021 data in the FFY 2021 SPP/APR.

The State did not describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders. In the FFY 2021 SPP/APR, the State must include the information, as required by the measurement table, when reporting on this indicator.

**Response to actions required in FFY 2020 SPP/APR**

The NHED included numerator and denominator descriptions for the FFY 2021 data. The NHED also included specific strategies implemented to engage stakeholders in key improvement efforts and how the state addressed concerns.

**17 - OSEP Response**

The State revised its targets for FFYs 2022 through 2025 this indicator, and OSEP accepts those targets.

OSEP notes that the State reported it has, "identified a newly proposed FFY 2022 SiMR" and "will establish baseline data and targets through FFY 2025 for the state once the implementation sites are selected using the indicator 3B data."

**17 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

#### **Certify**

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

#### **Select the certifier's role:**

Designated by the Chief State School Officer to certify

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.**

#### **Name:**

Lisa moody

#### **Title:**

Part B Data Manager

#### **Email:**

Lisa.m.Moody@doe.nh.gov

#### **Phone:**

6032713738

#### **Submitted on:**

04/21/23 9:21:10 AM

Determination Enclosures

RDA Matrix

## 2023 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
76.25%	Needs Assistance

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	24	15	62.50%
<b>Compliance</b>	20	18	90.00%

2023 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Performance (%)	Score
Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments	84%	1
Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments	79%	0
Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	22%	1
Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	94%	1
Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	37%	2
Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	96%	1

Math Assessment Elements

Math Assessment Elements	Performance (%)	Score
Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments	85%	1
Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments	79%	0
Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	41%	1
Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	95%	1
Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	26%	2
Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	92%	1

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part B."



**Exiting Data Elements**

<b>Exiting Data Elements</b>	<b>Performance (%)</b>	<b>Score</b>
<b>Percentage of Children with Disabilities who Dropped Out</b>	10	2
<b>Percentage of Children with Disabilities who Graduated with a Regular High School Diploma**</b>	78	1

\*Due to privacy concerns the Department has chosen to suppress this calculation.

\*\*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2023 Part B Compliance Matrix

Part B Compliance Indicator <sup>2</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.00%	N/A	2
Indicator 11: Timely initial evaluation	94.91%	YES	2
Indicator 12: IEP developed and implemented by third birthday	98.62%	YES	2
Indicator 13: Secondary transition	79.07%	YES	1
Timely and Accurate State-Reported Data	90.93%		1
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>2</sup> The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-B\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-B_SPP-APR_Measurement_Table.pdf)

Data Rubric

FFY 2021 APR<sup>3</sup>

Part B Timely and Accurate Data -- SPP/APR Data		
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	0	0
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
	<b>Subtotal</b>	20
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	25

<sup>3</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

	618 Data <sup>4</sup>			
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 4/6/22	1	1	1	3
Personnel Due Date: 11/2/22	1	1	1	3
Exiting Due Date: 11/2/22	1	0	1	2
Discipline Due Date: 11/2/22	1	0	0	1
State Assessment Due Date: 12/21/2022	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
MOE/CEIS Due Date: 5/4/22	1	1	1	3
			<b>Subtotal</b>	18
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 1.23809524) =	22.29

<sup>4</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.23809524 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

<b>Indicator Calculation</b>	
A. APR Grand Total	25
B. 618 Grand Total	22.29
C. APR Grand Total (A) + 618 Grand Total (B) =	47.29
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	52.00
D. Subtotal (C divided by Denominator*) =	0.9093
E. Indicator Score (Subtotal D x 100) =	90.93

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.23809524.**

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## APR and 618 -Timely and Accurate State Reported Data

**DATE: February 2023 Submission**

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part B 618 Data

**1) Timely** – A State will receive one point if it submits all EDFacts files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	C002 & C089	1 <sup>st</sup> Wednesday in April
Part B Personnel	C070, C099, C112	1 <sup>st</sup> Wednesday in November
Part B Exiting	C009	1 <sup>st</sup> Wednesday in November
Part B Discipline	C005, C006, C007, C088, C143, C144	1 <sup>st</sup> Wednesday in November
Part B Assessment	C175, C178, C185, C188	Wednesday in the 3 <sup>rd</sup> week of December (aligned with CSPR data due date)
Part B Dispute Resolution	Part B Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in EMAPS	1 <sup>st</sup> Wednesday in May

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data submitted to EDFacts aligns with the metadata survey responses provided by the state in the State Supplemental Survey IDEA (SSS IDEA) and Assessment Metadata survey in EMAPS. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>